Division of Corporations Public Access System

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Division of Corporations

Fax Number (850) 627-6380

From:

Account Name

CORPORATION SERVICE COMPANY

Account Number : 120000000195

: (850)521-1000

Pax Number

: (850)558-1575

## REGISTERED AGENT CHANGE

STARR INTERNATIONAL USA, INC.

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6/9/2008

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections ange is submitted for a	corporat	ion organize	d under the lav	vs of the State	of Florida	<u>a</u>	,	
in orde	er to change its register	ed office	e br registere	d agent, or bot	h, in the State	of Florida	ı		
1. The name of	the corporation: STAR	r inter	INATTONAL	USA, INC.					
2. The principal	office address: 35 Oct	an Reef	Drive, Key L	argo, FL 33037					
					<u>.</u>		<u></u>		
3. The mailing a	ddress (if different):				<u> </u>				
4. Date of incorp	poration/qualification:	05/10/20	006	Document r	number: P060	000066267	1		
	I street address of the c timent of State:	arrent re	gistered ager	at and registere	d office on file	e with the			
	KTG&S Registered Ag	ent Corp	poration						
	100 S.E. 2nd Street, Su	ite 2800							
	Miami, FL 33131-214	4						- >	
6. The name and (if changed):	l street address of the n	ew regis	tered agent (	if changed) and	l /or registered	i office	SECRET	6- NOF 8007	•
	Corporation Service C	mpany					AR SS	9	
	1201 Hays Street						EF.	PM	
	(P	O, Box NO	T acceptable)		<u> </u>		FLC	2.2	
	Tallahassee, FL 3230				<u>,</u>		PAR N	Ę	
The street addre	ess of its registered of be identical.	ice and	ine street ad	dress of the bu	siness office	of its regi	stered ag	zent,	
Such change we authorized by th	s authorized by resolute board, or the coyfor	ition dul ation ha	v adopted b	y its board of c	firectors or by	y an office	er so		
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l hereby accept I further agree to of my duties, and document is beil corporation has	the appointment as re o comply with the pro of I am familiar with a ng filed merely to refle been notified in writi. Service Company	gistered visions o nd accep ect a cha ng of thi	ogent and of all statue at the obligation of the result of	gree to act in is s relative to the lion of my possegistered office	this capacity.	complete	perform nt. Or. y firm that	ance f this t the	
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	yped or Printed Name)	<del></del>	_						
	+	· * * PH	LING FEE:	\$35.00 * * *					
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Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
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