Florida Department of State

on below) on the top and bottom of all pages withe d

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## REGISTERED AGENT CHANGE STARR INTERNATIONAL USA, INC.

Certificate of Status	0
Certified Copy	0
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5/7/2010

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## **COVER LETTER**

TO:	Amendmen Division of	nt Section F Corporations			
SUBJ	IECT:	STARR INTERNA	TIONAL USA, INC.		
		Name	of Corporation	<b></b>	
DOC	UMENT NU	MBER:	P06000066267		
The e	nclosed State	ment of Change of Registered C	Office/Agent and fee are submitted for	r filing.	
Please	e return all co	rrespondence concerning this m	natter to the following:		
		Name of	f Contact Person	_	
	Firm/Company				
	Address		_		
		City/Sta	ate and Zip Code	_	
	marc.stpierre@wolterskluwer.com				
	***	E-mail address: (to be used f	for future annual report notificatio	n)	
For fu	urther informa	tion concerning this matter, ple	ase call:		
			at ( ) Area Code & Daytime Te		
	Nan	ne of Contact Person	Area Code & Daytime Te	lephone Number	
Enclo	sed is a \$35.0	0 check made payable to the De	epartment of State.		
		Mailing Address: Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Solvision of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	ter Circle	

CR2E045 (8/05)

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

statement of chi	ange is submitted for a cor	poration organize	607.1508, or 617.1508, Fl ed under the laws of the Sta ed agent, or both, in the Sta	ate of Florida	
	the corporation:		<b>—</b>		
2. The principal	office address: PMB 175,	24 DOCKSIDE L	ANE KEY LARGO FL 330	37	
3. The mailing	address (if different):				
4. Date of incor	poration/qualification:	05/10/2006	Document number:	P0600006	6267
	d street address of the curr riment of State: (If resigns		nt and registered office on	file with the	
-	CORPORATION SERVI	CE COMPANY			
	1201 HAYS STREET				
	TALLAHASSEE FL 323	01-2525			2010
6. The name and (if changed):	d street address of the new	registered agent (	(If changed) and /or registe	red office	2010 MAY -7
	C T Corporation System				7
	c/o C T Corporation Syste	em, 1200 South Pin	e Island Road		
		P.O. Box NOT a	eceptable		50
	Plantation, Florida 33324	<del></del>			
The street addr	ess of its registered office I be identical.	e and the street ac	ldress of the business offic	ce of its registere	d agent,
Such change wanthorized by t	es authorized by resolution the board, or the corporation	on duly adopted l ion has been noti	by its board of directors or fied in writing of the chan	r by an officer so gc.	
mittro	my Tilaus	<b>ر</b> '	Anthony LiCausi		
	inc or an orricer or director	<del></del>	Printed or typed na		
I hereby accept I further agree of my duties, and document is be corporation ha	t the appointment as regi to comply with the provi- nd I am familiar with and ing filed merely to reflect is been notified in writing	stered agent and sions of all statut l accept the oblig t a change in the t of this change.	agree to act in this capac es relative to the proper o ation of my position as re registered office address,	ity, ind complete perj gistered agent. C I hereby confirm	formance Or, if this that the
Ву:	· Aller		2/22/2	:010	
Si	gnature of Registered Agent		Date		<del></del>
	, Assistant Secretary ehalf of an entity:			•	
<b>.</b> -	T Corporation System				
	Typed or Printed Name	<del></del>			

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)