## P06000116115

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(Address)								
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(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
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Certified Copies Certificates of Status								
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FORE TARY OF STATE

## **COVER LETTER**

TO:	Amendment Section Division of Corporations										
SUBJ	Star Dollar, Inc. (Name of Corporation)										
DOC	UMENT NUMBER: POG 000116 115										
The e	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.										
Please	e return all correspondence concerning this matter to the following:										
	Maria Gajate Rivera (Name of Contact Person)										
	Star Dollar, Inc. (Firm/Company)										
	6374 SW 26 Street (Address)										
	Miami, FL 33155 (City/State and Zip Code)										
For fu	orther information concerning this matter, please call:										
	Maria Gajate Rivera at (305) 905-0123 (Name of Contact Person) (Area Code & Daytime Telephone Numbe	<u>r)</u>									
	used is a \$35.00 check made payable to the Department of State.										
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327  Street Address: Amendment Section Division of Corporations Clifton Building										

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

statement of chang	rovisions of section ge is submitted for to change its regis	a corporatio	n organi	zed under	the laws o	f the State o	of_Flo	xido	<u>2</u>	
	e corporation:									
2. The principal o	ffice address:	6374	SW :	26 St	reet,	Miai	ni, Fl	3319	<u> 55</u>	
3. The mailing ad	dress (if different)	•								
4. Date of incorpo	oration/qualification	on: 09 0	7/01	O Docu	ıment num	ber: <u>P</u> 0	60DC	116	115	
5. The name and s Florida Departr	street address of the ment of State:	e current reg	istered ag	gent and re	gistered of	fice on file	with the			
-		Elier	Pods	igue	z Per	CZ				
-		6374	SW:	26 St	reet		·	₹o:	0	
-		Miam	i, FL	3315	<u>s</u> S	1110		LLAH ECRE	7 SEF	•
6. The name and so (if changed):	street address of th	e new registe	ered agen	t (if chang	ed) and /or	registered	office	TARY O	8	FILED
-		Man	a 6	<u>ajate</u>	River	a	· ·	FLO FLO		
-		Man (P.O. Box NOT	SW acceptable)	26 S	trect			RIDA	30	
		Miar	ni, Fi	3319	55					
The street address as changed will be	s of its registered be identical.	office and t	ne street	address of	the busin	ess office	of its regis	stered ag	ent,	
Such change was authorized by the	s authorized by re e board, or the co	solution duly	adopted been no	d by its bo tified in v	ard of dire	ctors or by he change.	y an office	r so		
)na (Signatur	e of an officer or director	) (r)	<u>· ·</u>	Ma	na 60 Printed	ide R	IVUQ	Sole	Dirc.	ctor
I hereby accept to a further agree to of my duties, and document is bein corporation has	the appointment a comply with the I I am familiar wi ng filed merely to been notified in w	s registered provisions of the and accep reflect a cha yriting of thi	agent an f all stat it the obl nge in th s change	d agree to utes relati igation of e register	act in this we to the p my position ed office a	s capacity. Proper and On as regis ddress, I h	complete tered ager ereby con	perform it. Or, i firm tha	ance f this t the	
mar	nature of Registered Age	ent)	<u>.</u>	~~~	8	20/07 (Date)			_	
If signing on bel	ма	nia baya	HC KI	vera						
Star [	yped or Printed Name)	<u>.</u>								

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