## PD7000131456

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: STARCOM ALLIANCE, INC.
(Name of Corporation)
DOCUMENT NUMBER: P07000131456
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
STEPHEN J. PADULA, ESQUIRE
(Name of Contact Person)
DADULA LAW SIDM LLO
PADULA LAW FIRM, LLC (Firm/Company)
133 N.W. 16TH STREET, SUITE A
(Address)
BOCA RATON, FLORIDA 33432
(City/State and Zip Code)
For further information concerning this matter, please call:
STEPHEN J. PADULA, ESQUIRE at (561 ) 544-8900 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed 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 Division of Corporations Clifton Building
Tallahassee FI 32314 2661 Evecutive Center Circle

Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 25, 2008

STEPHEN J. PADULA 133 N.W. 16TH STREET, SUITE A BOCA RATON, FL 33432

SUBJECT: STARCOM ALLIANCE, INC.

Ref. Number: P07000131456

We have received your document for STARCOM ALLIANCE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 208A00025237

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

statement of cl	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida State hange is submitted for a corporation organized under the laws of the State of <u>Flo</u> der to change its registered office or registered agent, or both, in the State of Flori	rida		
1. The name o	f the corporation: Starcom Alliance, Inc.			
2. The principa	al office address: 327 Plaza Real, Suite 319			
·	on, Florida 33432 address (if different): 327 Plaza Real, Suite 319, Boca Raton, Florida 33432			
4. Date of inco	prporation/qualification: December 11, 2007 Document number: P070001314	456		
	nd street address of the current registered agent and registered office on file with the artment of State:	ne		
	Bill Burbank .			
	327 Plaza Real, Suite 319			
	Boca Raton, Florida 33432	ŽĚ	8	
6. The name a (if changed)	and street address of the new registered agent (if changed) and /or registered office	CRETAR AHASSI	MAY-9	
	Stephen J. Padula, Esquire			r
	365 East Palmetto Park Road	ST	3	C
	(P.O. Box NOT acceptable)  Boca Raton, Florida 33432	SEA.	topid.	
Such change vauthorized by	ress of its registered office and the street address of the business office of its reall be identical.  was authorized by resolution duly adopted by its board of directors or by an off the board, or the corporation has been notified in writing of the change.  Bill Burbank, President  (Printed or typed name and tate)	icer so	igent,	
I further agree of my duties, a documen <del>t is b</del> corporation h	of the appointment as registered agent and agree to act in this capacity. e to comply with the provisions of all statutes relative to the proper and comple and I am familiar with and accept the obligation of my position as registered a eing filed merely to reflect a change in the registered office address. I hereby of as been notified in writing of this change.	ete perfori gent. Or confirm th	nance if this at the	
	Signature of Registered Agent)  (Date)  behalf of an entity:			
0 0	Padula, Esquire (Typed or Printed Name)			
	* * * FILING FEE: \$35.00 * * *			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314