

PO8000055132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

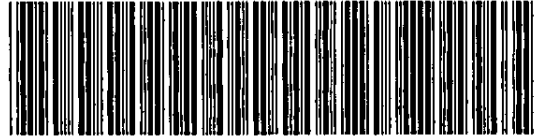
(Business Entity Name)

(Document Number)

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*R/A Cmg*  
MAR 30 2018

R. WHITE

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 MAR 24 PM 2:48

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TOP STAR AUTOS INC  
Name of Corporation

**DOCUMENT NUMBER:** P08000055632

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:

KAREN MARS  
Name of Contact Person

TOP STAR AUTOS INC  
Firm/Company

2040 E IRLO BRONSON MEM HWY  
Address

KISSIMMEE FL 34744  
City/State and Zip Code

TOPSTARAUTOS@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATTHIEU MARS at ( 407 ) 218-0491  
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  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TOP STAR AUTOS INC
2. The principal office address: 2040 E IRLO BRONSON MEMORIAL HIGHWAY  
KISSIMMEE FL 34744
3. The mailing address (if different): 2040 E IRLO BRONSON MEMORIAL HIGHWAY  
KISSIMMEE FL 34744
4. Date of incorporation/qualification: 06/2008 Document number: P08000055632
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

MATTHIEU MARS  
2040 E IRLO BRONSON MEMORIAL HWY  
KISSIMMEE FL 34744

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MATTHIEU MARS  
2040 E IRLO BRONSON MEMORIAL HWY  
KISSIMMEE FL 34744

P.O. Box NOT acceptable


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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

MATTHIEU MARS  
\_\_\_\_\_  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

\_\_\_\_\_  
Signature of Registered Agent

03/12/2016  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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