

P080000 57064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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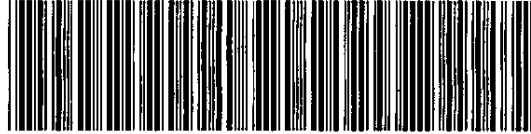
(Business Entity Name)

(Document Number)

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8/5/09

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: SouthStar Insurance, Inc.  
Name of Corporation

DOCUMENT NUMBER: P08000057064

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:

Jon Feshan  
Name of Contact Person

SouthStar Insurance, Inc  
Firm/Company

435 Douglas Ave, Ste 1008  
Address

Altamonte Springs, FL 32714  
City/State and Zip Code

jonfeshan@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jon Feshan at ( 407 ) 842-5055  
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: SouthStar Insurance, Inc.  
2. The principal office address: 435 Douglas Ave, Ste 1008  
Altamonte Springs, FL 32714  
3. The mailing address (if different): " "  
4. Date of incorporation/qualification: 6/10/2008 Document number: P08000057064

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)

Timothy Montgomery (resigned)  
685 Rivercrest Lane  
Longwood, FL 32779

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

Jon Feshan  
1576 Cherry Ridge Dr  
Heathrow, FL 32746

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]  
Signature of an officer or director

Jon Feshan P  
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]  
Signature of Registered Agent

7/28/09  
Date

If signing on behalf of an entity:

Jon Feshan  
Typed or Printed Name

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