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(((H16000173033 3)))



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To:

Division of Corporations

Fax Number

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From:

Account Name : BRANT, REITER, MCCORMICK & JOHNSON,

Account Number : I20040000043 Phone

: (904)358-2750

Fax Number

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REGISTERED AGENT CHANGE STELLAR RECOVERY, INC.

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7/19/2016

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COVER LETTER

TO:

Amendment Section Division of Corporations

Stellar Recovery, Inc.

Name of Corporation

DOCUMENT NUMBER:

P08000105692

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:

Amy H. Johnson, Esq.

Name of Contact Person

Brant, Reiter, McCormick & Johnson, P.A.

Firm/Company

135 West Bay Street, Suite 400 - 4th Floor

Address

Jacksonville, Florida 32202

City/State and Zip Code

ahjohnson@barmjlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy H. Johnson, Esq.

,904 \358-2750

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

CR2E045 (03/12)

H16008T43EMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: Stellar Recovery, Inc.	
2. The principal	office address: 4500 Salisbury Road, Suite 105 ville, Florida 32216	
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 12/3/2008 Document number: P08000105692	
5. The name and	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)	
	Brant, Abraham, Reiter, McCormick & Johnson, PA	
	50 N. Laura Street, #2750	
	Jacksonville, Florida 32202	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	
	Brant, Reiter, McCormick & Johnson, P.A.	
	135 West Bay Street, Suite 400 - 4th Floor	
	Jacksonville, Florida 32202	
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change was	is authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.	
AMJ.	To LUSA GENERAL COURSE ANY H. JOHNSON, GENERAL COUNSE A PROJECT OF	1
I hereby accept I further agree i performance of agent. Or, if thi hereby confirm	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete my duites, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.	
Any II	July 19, 2016 Otate Date	
If signing on be	half of an entity:	
	nson, Esq., Vice-President ypod 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
CR2E045 (03/12)