P100000019815

, (Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		109

Office Use Only



000186236290

10/07/10--01016--018 **35.00

10 OCT 21 PH 2: 27

Amend 10/01/10

SUBJECT: STAR FIELD Survey Curp Name of Corporation
DOCUMENT NUMBER: P10000079815
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:
Challe of Contact Person
STAR Field Somuel Corp
6 Soxton Way Address
City/State and Zip Code
AFraginals and Lip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (954) 325-2915 Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Amendment Section Division of Corporations

TO:

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

10 OCT 21 AM 8: 16

SECRETARY OF STATE TALLAHASSEE, FLORIDA

October 8, 2010

ANGELA ROJAS STAR FIELD SERVICE CORP 6 SEXTON WAY KEY LARGO, FL 33037

SUBJECT: STAR FIELD SERVICE CORP

Ref. Number: P10000079815

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

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 110A00023868

Articles of Amendment to Articles of Incorporation

of

Star Field So	ruce Co	$\cap \cap$		
(Name of Corporation as curren	ntly filed with the Florid	la Dept. of State)		
P1000007	9815			
(Document Numb	per of Corporation (if known	own)		
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	, Florida Statutes, this F	lorida Profit Corporation s	adopts the follow	ing
A. If amending name, enter the new name of	the corporation:			
			The new	
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the aname must contain the word "chartered," "professions"	designation "Corp," "In essional association," or	c," or "Co". A professione		
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET				
 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC) D. If amending the registered agent and/or renew registered agent and/or the new regist Name of New Registered Agent: 	gistered office address	in Florida, enter the name	LLAHASSEEFFLORIDA 10 OCT 21 PH 2: 27	できただっている
Name of New Registered Agent:	***************************************			
New Registered Office Address:	(Florida street	address)		
		, Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	Registered Agent: ent. I am familiar with a		the position.	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)

<u>Title</u>	Name	> A	<u>Address</u>		Type of Action
officer	michael	Vaug	M 6500	on way	☐ Add ☐ Remove
		_		33037	ez resmove
MICH	Deresa Vou	whan	6 Sext	nway	
00		0	- Key (and	70 20	Remove
			- U		/ □ Add
					Remove
			 		
F If amendin	g or adding additional Ar	ticles enter	change(s) hare:		
	tional sheets, if necessary).				
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	ndment provides for an ex s for implementing the am				
	applicable, indicate N/A)				
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			····		
					
					-

The date of each amendment(s) adoption:
Effective date if applicable:	(date of adoption is required)
Effective date <u>if applicable.</u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
The amendment(s) was/wern must be separately provided	e approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
1	voung group)
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	10/1/10
Signature (By	a director) president or other officer – if directors or officers have not been
selec	eted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)
	Angela Rojas (Typed or printed name of person signing)
	Provident
	(Title of person signing)