(Requestor's Name)		
(Address)	900300322	
(Address)	000000022	
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)	06/16/1701021	
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



2069

027 ++35.00

JUN 21 2017

COVER LETTER

TO: Amendment Section Division of Corporations

·

Highway Star Transport Services Corp Name of Corporation P14000025080

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:

Maria Gabriela Garcia Name of Contact Person

Highway Star Transport Services Corp

Firm/Company

6924 NW, 72 Ave

Miami, FL. 33166

City/State and Zip Code

maga0208@gmail.com

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

For further information concerning this matter, please call:

Maria Gabriela Garcia

at (415) 4041043 Area Code & Daytime Telephone Number

Name of Contact Person

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

statement of ch	ange is submitted for a corpo	502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ration organized under the laws of the State of Florida ice or registered agent, or both, in the State of Florida.
		Star Tansport Services Corp
 The name of The principa 	l office address: 5252 NW	85 Ave. Unit 1111. Doral, FL. 33166
3. The mailing	address (if different):	
4. Date of incor	rporation/qualification: 03/1	18/2014
	d street address of the current artment of State: (If resigned,	t registered agent and registered office on file with the enter resigned)
	Maria Gabriela Gar	cia
	5252 NW, 85 Ave.	Unit 1111
	Doral, FL. 33166	
6. The name an (if changed):		egistered agent (if changed) and /or registered office
	Maria Gabriela Gar	cia
	6924 NW, 72 Ave	
	Miami, FL. 33166	P.O. Box NOI acceptable
The street addr	ress of its registered office ar	nd the street address of the business office of its registered agent,
Such change wanthorized by t	as authorized by resolution on the board, or the corporation	duly adopted by its board of directors or by an officer so has been notified in writing of the change.
474	MATA.	Maria Gabriela Garcia / President
Lhereby accep	t the appointment as register	Printed or typed name and fille red agent and agree to act in this capacity, ns of all statutes relative to the proper and complete nr with and accept the obligation of my position as registered nerely to refrect a change in the registered office address, I en notified in writing of this change.
M-1	gnature of Registered Agent	06/13/2017
		Date
II sifumf on p	ehalf of an entity:	
	Typed or Printed Name	
	* * * !	FILING FEE: \$35.00 * * *