

P15000003535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200290615932

09/27/16--01014--020 \*\*35.00

FILED  
CLERK OF COURT  
2016 SEP 26 AM 7:50

OCT - 3 2016

C LEWIS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** **EUROPEAN STARR INC**

Name of Corporation

**DOCUMENT NUMBER:** **P15000003535**

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:

**ROBERT HOLECZY**

Name of Contact Person

**EUROPEAN STARR INC**

Firm/Company

**607 COLONIA LANE E**

Address

**NOKOMIS FL 34275**

City/State and Zip Code

**NANCY@LNPARROTT.COM**

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

For further information concerning this matter, please call:

**LAWRENCE PARROTT**

Name of Contact Person

at **(941) 416-3848**

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: EUROPEAN STARR INC

2. The principal office address: 607 COLONIA LANE E NOKOMIS FL 34275

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 01/05/2015 Document number: P15000003535

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)

RESIGNED

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

ROBERT HOLECZY

607 COLONIA LANE E

P.O. Box NOT acceptable

NOKOMIS FL 34275

FILED  
IN THE  
OFFICE OF THE  
CLERK OF THE  
SUPREME COURT  
2016 SEP 26 AM 7:50

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.

Robert Holeczy  
Signature of an officer or director

ROBERT HOLECZY SEC/DIR

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.*

Robert Holeczy  
Signature of Registered Agent

9/23/2016  
Date

If signing on behalf of an entity:

EUROPEAN STARR INC

Typed or Printed Name

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