

P160000086846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

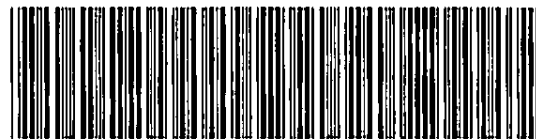
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Amendment Section
Division of Corporations

Northstar Solutions Group, Inc.

SUBJECT: _____
Name of Corporation

P16000086846

DOCUMENT NUMBER: _____

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:

Stephen R. Kornienko, Esq.

Name of Contact Person

Kornienko Law Firm, PLLC

Firm/Company

19 Prince Street, Suite R2

Address

Rochester, NY 14607

City/State and Zip Code

lisa33404@yahoo.com

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

For further information concerning this matter, please call:

Lisa Castronova

585 750-4560

Name of Contact Person

at (_____) _____
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

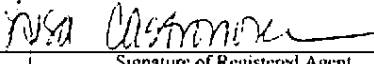
1. The name of the corporation: Northstar Solutions Group, Inc
2. The principal office address: 176 Lake Dr. Unit 1302 Palm Beach Shores, FL 33404
3. The mailing address (if different): PO Box 14394 North Palm Beach, FL 33408
4. Date of incorporation/qualification: 10/27/2016 Document number: P16000086846
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)
- Lisa Castronova
- 215 Bravado Lane
- Palm Beach Shores, FL 33404
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- Lisa Castronova
- 176 Lake Dr Unit 1302
- Palm Beach Shores, FL 33404
- P.O. Box NOT acceptable

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.

 _____ <small>Signature of an officer or director</small>	<u>Lisa Castronova President</u> _____ <small>Printed or typed name and title</small>
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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.

 _____ <small>Signature of Registered Agent</small>	<u>04/23/2018</u> _____ <small>Date</small>
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If signing on behalf of an entity:

Typed 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)