## Florida Department of State

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Account Name : URS AGENTS LLC
Account Number : 120150000127
Phone : (800)567-4397
Fax Number : (800)567-4398

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: victor.khramov@gmsil.com

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## REGISTERED AGENT CHANGE STAR CONSTELLATION, INC.

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## COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: STAR CONSTELLATION, INC.

Name of Corporation

P17000082301

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:

VICTOR KHRAMOV

Name of Contact Person

STAR CONSTELLATION, INC.

301 NW 171ST STREET, UNIT C

MIAMI GARDENS, FL 33169

City/State and Zip Code

victor.khramov@gmail.com

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

For further information concerning this matter, please call:

URS Agents C/O Kanetha Bishop at 800 567-4397

Name of Contact Person 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

CR2E045 (03/12)

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## STATEMENT 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 nge is submitted for a corporation organized under the laws of the State of r to change its registered office or registered agent, or both, in the State of	Florida	-
	the corporation: STAR CONSTELLATION, INC.  office address: 301 NW 171ST STREET, UNIT C MIAMI GA		33169
2. The principal	office address: 301 NVV 17151 STREET, UNIT C. MIRAWI OF	-1(DE1(0), 1 E	
3. The mailing a	address (if different): 301 NW 171ST STREET, UNIT C MIAMI C	ARDENS, FL	_ 33169
4. Date of incorp	poration/qualification: 10/11/2017 Document number: P170	000082301	
5. The name and	d street address of the current registered agent and registered office on file rement of State: (if resigned, enter resigned)		2(
	VICTOR KHRAMOV	_ :	)17 🛌
	301 NW 171ST STREET, UNIT A		7017 NOV - 7
	MIAMI , FL 33169		
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered	office	AM 9: 5
	URS AGENTS, LLC		œ
	3458 LAKESHORE DRIVE		
	P.O. Box NOT acceptable TALLAHASSEE, FL 32312		
The street addi as changed will Such change w	ress of its registered office and the street address of the business office of identical.  was authorized by resolution duly adopted by its board of directors or by the board of the corporation has been notified in writing of the change.	f its registered at	gent,
There	Wicker Khranov	Presiden	<i>+</i> ,
I hereby accept further agree performance of agent. Or, if i	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 of my duites, and I am familiar with and accept the obligation of my positive and it is being filed merely to reflect a change in the registered of that the corporation has been notified in writing of this change.	complete lion as registere office address, I	d
<u></u>	Ighalure of Registered Agent Date	17	_
If signing on b	pehalf of an entity:		
Kanetha B	ishop, Assistant Secretary		
	Typed or Printed Name	r	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314
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