

P18 000038717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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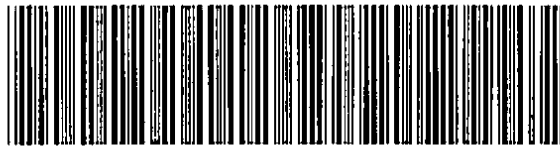
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

DEC 17 2019

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: **NORTHSTAR PROJECT MANAGEME**  
Name of Corporation

DOCUMENT NUMBER: **P18000038717**

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:

**CAGRI KANVER**

Name of Contact Person

**NORTHSTAR PROJECT MANAGI**

Firm/Company

**201 S BISCAYNE BLVD STE 2800**

Address

**MIAMI, FL 33131**

City/State and Zip Code

**MARC@MEGCONSULTANCY.COI**

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

For further information concerning this matter, please call:

**CAGRI KANVER**

Name of Contact Person

**917 415-1404**

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 PROJECT MANAGEMENT INC

2. The principal office address: 201 S BISCAYNE BLVD STE 2800  
MIAMI, FL 33131

3. The mailing address (if different): 540 BRICKELL KEY DR STE 214  
MIAMI, FL 33131

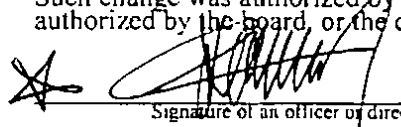
4. Date of incorporation/qualification: 05/01/2018 Document number: P18000038717

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)  
201 S BISCAYNE BLVD STE 2800  
MIAMI, FL 33131

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
540 BRICKELL KEY DR STE 214  
MIAMI, FL 33131  
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.

  
\_\_\_\_\_  
Signature of an officer or director

CAGRI KANVER  
Printed or typed name and title  
2019 NOV 12 4 18 53  
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TALLAHASSEE  
STATE OF FLORIDA

*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.*

  
\_\_\_\_\_  
Signature of Registered Agent

11/7/2019  
Date

If signing on behalf of an entity:  
\_\_\_\_\_  
Typed or Printed Name

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