PHILLESEL

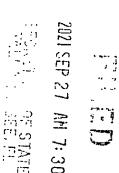
(Requestor's Name)						
(Address)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(,,,,						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer						
Special Instructions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

Office Use Only



600373809406

09/27/21--01030--030 **35.00



A. Butler

COVER LETTER

TO:	Amendment Section Division of Corporations						
SUBJI Name	ECT: North Star Crew Leasing Inc. of Corporation						
DOCUMENT NUMBER: Employer Identification Number: 83-4210544, P19000026862							
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:							
Christo	pher Heber						
Name	of Contact Person						
North Star Crew Leasing Inc.							
Firm/C	Company						
8949 St	ugarloaf Rd						
Addres	ss						
Boulder	r. CO 80302						
City/St	ate and Zip Code	······································					
	chris_heber@hotmail.com						
E-mail address: (to be used for future annual report notification)							
For fur	ther information concerning this matter.	, please call:					
Christo	pher Heber	at (850)714-4039 Area Code & Daytime Telephone Number					
	Name of Contact Person	Area Code & Daytime Telephone Number					
Enclos	ed is a \$35.00 check made payable to th	ne Department of State.					
	Mailing Address: Amendment Section	Street Address: Amendment Section					
	Division of Corporations	Division of Corporations					
	P.O. Box 6327	The Centre of Tallahassee					
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a	corporation organiz	, 607,1508, or 617,1508, Flor aed under the laws of the State aed agent, or both, in the State	of Florida
1. The name of t	he corporation: North	Star Crew Leasing In	e	
2. The principal	office address: 8949 Si	igarloaf Rd, Boulder,	CO 80302	
3. The mailing a	ddress (if different): _			
4. Date of incorp	oration/qualification;	Document number: P1900	00026862	
	I street address of the others transfer of State: (If resi		ent and registered office on fil)	e with the
	Gerald Cambell			— 202 — 33
826 Coldwater Creek Circle, Niceville, FL 32578				
6. The name and (if changed):	street address of the	new registered agent	(if changed) and /or registered	2021 SEP 27 AM 7: 30
	Amanda Grandy			<u> </u>
134 Tamara Cove Niceville Fl 32578				
		P,O, Box	NOT acceptable	
			ddress of the business office	
Such change was authorized by th	is authorized by resol te board, or the corpo	ution duly adopted ration has been noti	by its board of directors or by fied in writing of the change.	y an officer so
1/1/20	U S		Christopher M. Heber, Presider	
	e of an officer or director		Printed or typed name :	and title
i jurther agree t of my duties, an document is bei	the appointment as re o comply with the pro d I am familiar with o ng filed merely to ref been notified in writ	ovisions of all status and accept the oblig lect a change in the	agree to act in this capacity. es relative to the proper and ation of my position as regis, registered office address, I h	complete performance tered agent. Or, if this vereby confirm that the
Amanda	nature of Registered Agent		15 September	1 2021
If signing on be	half of an entity:			
Amana	ped or Printed Name			
		** * FILING FE	E: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE. FL 32314 CR2E045 (04/13)