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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 : (800)345-4647 Phone

Fax Number : (800)432-3622

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

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## REGISTERED AGENT CHANGE STAR UNITE INC

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

statement of cha		607.1508, or 617.1508, Florida Statutes, this ed under the laws of the State of $\underline{FLORIDA}$ ed agent, or both, in the State of Florida.	<u> </u>
1. The name of	the corporation: STAR UNITE INC		
2. The principal	office address: 6303 BLUE LAGOON	DRIVE 400, MIAMI, FL 33126	_
3. The mailing a	address (if different):		
_	· — —	Document number: P22000042791	
5. The name and	d street address of the current registered age timent of State: (If resigned, enter resigned)	ent and registered office on file with the	
	SHAPIRA, BARAK		
	6303 BLUE LAGOON DRIVE 400	2	ì
	SUITE 400, FL 33126	023 MA	; ; 
6. The name and (if changed):	d street address of the new registered agent	(if changed) and /or registered office	1 -
	Capitol Corporate Services, Inc.		-
	515 East Park Avenue 2nd Fl	VOT acceptable	? ?
	Tallahassee, FL 32301	ioi ecceptable	_
as changed will	ess of its registered office and the street ac be identical.	Idress of the business office of its registered ap	gent,
	_	by its board of directors or by an officer so need in writing of the change.	
	nk Ghapira	Barak Shapira, ced	)
	the appointment as registered agent and to comply with the provisions of all statut d I am familiar with and accept the oblig ng filed merely to reflect a change in the s been notified in writing of this change.	Printed or typed name and title agree to act in this capacity, es relative to the proper and complete perform ation of my position as registered agent. Or, i registered office address, I hereby confirm tha	iance f this it the
3 in 7	electes"	3/14/2023	
Sign	nature of Registered Agent	Date	—
If signing on be	half of an entity.		
	i, Assistant Secretary on behalf of Ca	pitol Corporate Services, Inc.	
,	* * * FILING FEE	: \$35.00 * * *	
	MAKE CHECKS PAYABLE TO FLOR	IDA DEPARTMENT OF STATE	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2F045 (04/13) (((H23000097076 3)))