

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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## REGISTERED AGENT CHANGE STARLIGHT GALLERIES, INC.

| Certificate of Status | 0       |
|-----------------------|---------|
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Corporate Filing Menu

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AUG 2 3 2013

8/23/2013

T. BROWN

## 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 FLORIDA  |
|---|
| in order to change its registered office or registered agent, or both, in the State of Florida.   |
| 1. The name of the corporation: STARLIGHT GALLERIES, INC.   |
| 2. The principal office address: 5500 FLAGHOLE ROAD, CLEWISTON, FL 33440  |
| 3. The mailing address (if different):  |
| 4. Date of incorporation/qualification: 12/09/1993 Document number: P93000084408  |
| 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)  |
| JOE M. HILLIARD   |
| 5500 FLAGHOLE ROAD  |
| CLEWISTON, FL 33440   |
| 6. The name and street address of the new registered agent (if changed) and /or registered office<br>(if changed):  |
| HF REGISTERED AGENTS, LLC   |
| 1715 MONROE STREET  |
| P.O Box NOT acceptable  |
| FORT MYERS, FL 33901  |
| 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.   |
| BARBARA J. HILLIARD, Director  Signature of an officer on director  Printed or 19940 attent and Little  |
| I hereby accept the appointment as registered agent and agree to act in this capacity.<br>I further agree to comply with the provisions of all statutes relative to the proper and complete<br>verformance of my duties, and I am familiar with and accept the obligation of my position as registered<br>agent. Or, if this document is being filed merely to reflect a change in the registered office address, I<br>wereby confirm that the corporation has been notified in writing of this change. |
| Simple of Residence Areni   |
| Signature of Registered Agent Date  |
| f signing on behalf of an entity:   |
| GUY E. WHITESMAN, Vice President  |
| 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, TALLAHASSEB, FL 32314
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