980000189 Requester's Name **SHUTTS** hone # LLP FIRST UNION CENTER, SUITE 2000 200 EAST BROWARD BOULEVARD FORT LAUDERDALE, FLORIDA 33301 Office Use Only CORPGRATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Corporation Name) (Document #) (Document #) (Corporation Name) (Corporation Name) (Document #) Certified Copy Pick up time ☐ Walk in Certificate of Status Photocopy ☐ Will wait ☐ Mail out <u>AMENDMENTS</u> **NEW FILINGS** Amendment ☐ Profit Resignation of R.A., Officer/Director ■ Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/QUALIFICATION OTHER FILINGS Foreign Annual Report Limited Partnership ☐ Fictitious Name Reinstatement Trademark Other Examiner's Initials

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

			02, 607.1508, or 617.15 the State ofFlotids		
	ollowing statement in		gistered office or registe		٠.
•	of the corporation :	Starmark Interna	tional, Inc.		
2. The mailin	g address of the corpo		Federal Highway		
3. Date of inc	comporation/qualificati	· · · · · · · · · · · · · · · · · · ·	Document number	- P98000018940	
	and address of the curi				
	Dan L. Estes	on registered agott to		OI S	
	701 South Fede	ral Highway		4 9	E. 3
5. The name :	Fort Lauderdal and address of the new	e. FL 33316 registered agent (if cl (P. O. Box Not Acc	nanged) and/or registered	office (if changed): A	
	Corporation Co	mpany of Miami		# 38 5TAT OR	-
	1500 Miami Cer	ter, 201 South B	iscavne Boulevard	DF A	
	Miami, FL 33]	31			
The street ad-	dress of its registered nged, will be identical	office and the street a	ddress of the business of	ffice of its registered	
autiorized by	was authorized by resorthe board	lites	by its board of directors	or by an officer so	
	DAN L. EST	£\$,	
corporanon, I fürther agre	I nereby accept the a se to comply with the of my duties and I as	agent and to accept so opolniment as register provisions of all statu	ervice of process for the red agent and agree to a tes relative to the proper ecept the obligation of m	ci in this capacity. Tand complete	
	(Signature of Registered A	ent)	(Date)		
	half of an entity:				
Cathy Zac	ccardo Assis (Typed or Printed Name)		f Corporation Compa		
	(1) ped of Limited Hame)	Florida corpora	tion (Capacity)		
	ń	* • FILING FEE: \$	35.00 * * *		
CR2E045(9/00)	DIVISION OF CORPORATIONS	P.O. Box 6327	Tallahassee, FL	32314	