ote: Please print this mage and use it as a cover sheet. Typo the wax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000128989 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To;

Division of Corporations

Fax Number : (850)617-6380

From:

; C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5368

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

REGISTERED AGENT CHANGE STAR VENTURES, INC.



Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

COVER LETTER

TO:	Amendme Division o	nt Section f Corporations	. •					
SUBJECT:Star Ventures, Inc.								
		Name of Corpo	ration					
DOC	UMENT NU	MBER: P990000	013821					
The e	nclosed State	ment of Change of Registered Office/Ag	ent and fee are submitted for filing.					
Please	e return all co	orrespondence concerning this matter to t	he following:					
		Stanley A. S	tar					
	Name of Contact Person							
	Star Consulting Inc.							
	Firm/Company							
		1435 Galleon I	Drive					
		Address						
	Naples, FL 34102							
		City/State and Zi	p Code					
	•••	SUSAN. marsh ô E-mail address: (to be used for futur	Cliffstar.com					
		E-man address: (to be used for futur	e annual report nouncetion)					
For fu	rther informs	ation concerning this matter, please call:	·					
		a	:(
•	Naı	me of Contact Person	Area Code & Daytime Telephone Number					
Enclo	sed is a \$35.0	00 check made payable to the Departmen	t of State.					
		Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations					
	•	P.O. Box 6327	Clifton Building					

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

CR28045 (8/05)

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

statement of ch	ange is submitted for a co	poration organiza	607.1508, or 617.1508, Flori ed under the laws of the State ed agent, or both, in the State	of Florida		
1. The name of	the corporation: 5+4	y Ventures	Inc.	·		
2. The principal	office address: 1435 Gall	eon Drive, Naples,	FL 34102			
3. The mailing	address (if different):					
4. Date of incom	poration/qualification:	02/11/1999	Document number:	P99000013821		
	d street address of the current of State; (If resigns		nt and registered office on file	e with the		
	HRAWG Corp.					
	1801 N. Military Trail Su	its 200				
	Boca Raton, FL 33431					
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):						
	C T Corporation System			—— · · · · · · · · · · · · · · · · · ·		
	c/o C T Corporation System, 1200 South Pine Island Road					
		P.O. Box NOT	cceptable			
	Plantation, Florida 33324			<u>ကို</u> ပ		
The street addr as changed wil	ess of its registered offic I be identical,	c and the street as	ddress of the business office	of its registered agent,		
_			by its board of directors or b			
⊅ 15			Stanley A. Star,	President		
	ere of an officer of director		Printed or typed name			
I hereby accep I further agree of my duties, as document is be corporation ha	t the appointment as regi to comply with the provi nd I am familiar with and ing filed merely to reflec is been notified in writing	stered agent and sions of all statut I accept the oblig t a change in the of this change.	agree to act in this capacity es relative to the proper and ation of my position as regis registered office address, I i	complete performance tered agent. Or, if this vereby confirm that the		
CT	Corporation System			2010		
SI	gnature of Registered Agent		Date			
If signing on b	ecunte Biyan					
As	sistant Secretary	 				

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR26045 (8/05)

Ž.