

VS 5152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

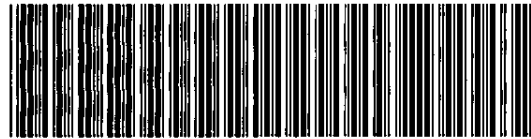
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10 DEC 20 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Roberts DEC 20 2010



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 22, 2010

SILVIA GUTTI  
BELLESTAR MANAGEMENT LLC  
6001 BROKEN SOUND PARKWAY N W STE 360  
BOCA RATON, FL 33487

SUBJECT: LEXSTAR U.S.A., CORP.  
Ref. Number: V55152

We have received your document for LEXSTAR U.S.A., CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Jean Blanchard must sign document in the space provided on the form for officer/director signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 910A00027337

RECEIVED

10 DEC 20 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Lexstar U.S.A.  
Name of Corporation

**DOCUMENT NUMBER:** V55152

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:

Silvia Gutti  
Name of Contact Person

Bellestar Management LLC  
Firm/Company

6001 Broken Sound Parkway NW Ste. 360  
Address

Boca Raton, FL 33487  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Silvia Gutti at ( 561 ) 994-5954  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: Lexstar U.S.A. Corp.
2. The principal office address: 6001 Broken Sound Parkway NW Ste. 360  
Boca Raton, FL 33487
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 07/30/1992 Document number: V55152
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)

JCB Bellestar Retail Corp

6001 Broken Sound Parkway NW Ste 416

Boca Raton FL 33487

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Silvia Gutti

6001 Broken Sound Parkway NW Ste. 360

P.O. Box NOT acceptable

Boca Raton, FL 33487

FILED  
10 DEC 20 PM 3:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

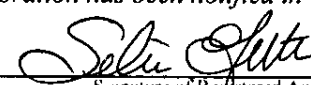
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
Signature of an officer or director

Jean Blanchard, Pres.  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

11/4/10  
Date

If signing on behalf of an entity:

Silvia Gutti

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, TALLAHASSEE, FL 32314

CR2E045 (8/05)