## 160092

(Requestor's Name)
Shores Development, Inc.
441 Valencia Ave, Suite 703 Coral Gabies, Florida 33134
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Emily Name)
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, \overline{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
in order to change its registered office or registered agent, or both, in the State
of Florida.
1. The name of the corporation: SHOPS LEELOPHENT, In C.
2. The principal office address: 277 Colem (†
Copal Cables TF1 =33143
3. The mailing address (if different): 2005 Pouce de Jeon # 625
Coral Cabler III 33134
4. Date of incorporation/qualification: 01/02/1950 Document number: 16009 2
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
WAME HOSEN -
441 VALENCIA AVE # 703 3 0
CORAL GABLES, FI 33134 ES SE TI
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
277 Galeon CT (P.O. Box or personal mailbox NOT acceptable)  CORAL Gables F1 33143
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.  WAYNE LOSEN - Resident Control of the board of the board of the board of the change.  (Signature of an officer, chairman or vice chairman of the board)
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.    Manual Interval and the proving the proving the proper and complete performance of my duties and complete performance of my
If signing on behalf of an entity:
(Typed or Printed Name) - (Capacity)

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