

PO80000 94835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

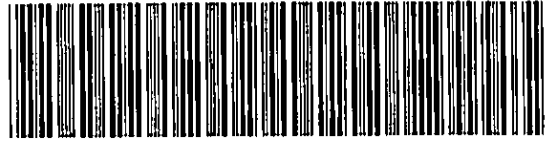
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 JAN 14 A 1:53
FILING OFFICE
SALT LAKE COUNTY

1/22/19 9:00

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SHARMA CYPRUS INC
Name of Corporation

DOCUMENT NUMBER: PD 8000094835

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:

SHARMA Hussain
Name of Contact Person

SHARMA Cypruss Inc
Firm/Company

10295 Stirling Road
Address

Cooper City FL 33328
City/State and Zip Code

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

For further information concerning this matter, please call:

SHARMA at 954 560-7328
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: SHAMA CYPRESS INC
2. The principal office address: 10295 Stirling Road
Cooper City FL 33328
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10-21-2008 Document number: PO8000094835

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)

SYED HUSSAIN BABAR
10295 Stirling Road
Cooper City FL 33328

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

SHAMA HUSSAIN
10295 Stirling Road
Cooper City FL 33328

P.O. Box NOT acceptable

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.

Shama Hussain
Signature of an officer or director

SHAMA HUSSAIN
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.

Shama Hussain
Signature of Registered Agent

12-30-2018
Date

If signing on behalf of an entity:

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