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| WAIT | MAIL | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| _ Certificates | of Status | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---|--|
| SUBJECT: Shire Properties USA (Name of I | 2209, LLC Limited Liability Company) | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered C | Office Change and fee(s) are submitted for filing. | |
| Please return all correspondence concerning | this matter to the following: | |
| Mory Amaro | | |
| (Name of Person) | 06 JUH -6 F | |
| Cantor & Webb P.A. (Firm/Company) | 6 JUN -6 PH 3: 57 | |
| 1001 Brickell Bay Drive, Suite 3 (Address) | 112 | |
| Miami, FT. 33131 (City/State and Zip Code) | | |
| For further information concerning this matt | er, please call: | |
| Mory Amaro (Name of Person) | at (305) 374–3886 (Area Code & Daytime Telephone Number) | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | |
| Enclosed is a check for the following | ng amount: | |
| \$25 Filing Fee | \$55 Filing Fee & Certified Copy | |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| 1. The name of the limited liability company | is: Shire Properties USA 2 | 2209, LLC | |
|--|--|---|---|
| 2. The mailing address of the limited liability | company is: 9100 S. Dadelar | nd Blvd., | , |
| Suite 1802 PH2, Miami, FL 33156 | | | · |
| 1/20/06 | L06000007169 | | |
| 3. Date of filing/registration in Florida | 4. Document number | | |
| 5. The name of the registered agent and the registered agent age | gistered office address as shown of | on the records | of the |
| Scott J. P | Perdigon, Esq. Name | | |
| 9100 South | Dadeland Blvd., Suit Address | e 1802, PH | 2 |
| Miami, FL Cit | 33156 ty, State and Zip | | |
| 6. The name and address of the new registered | • | : | DIVISION O |
| Florida street address Miami City If the limited liability company is not organize | Name Bay Drive, Suite 3112 ess (P.O. Box NOT acceptable) FL 33131 T, State and Zip ed under the laws of the State of F | Florida, it is he | FILED STATE ARY OF STATE OF CORPORATIONS |
| confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that of the members of the limited liability compared that of the operating agreement of the limited liability compared that of the operating agreement of the limited liability compared that operati | e made, the Florida street address will be identical. Or, in the case the change(s) was/were authorize ny or as otherwise provided in the lity company. | of the registere of a Florida lined by an affirmation | ed office mited ative vote |
| (Printed or typed name of signee) | | | |
| I hereby accept the appointment as registered comply with the provisions of all statutes related and I am familiar with and accept the obligate Chapter 508. F.S. Or. if this document is being address. They be confirm that the limited liab (Signature of Registered Agent) | d agent and agree to act in this ca tive to the proper and complete p ions of my position as registered in ing filed to merely reflect a change ility company has been notified in | ipacity. I furth erformance of agent as provic in the register n writing of thi | er agree to my duties, ded for in red office is change. |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00