DOCUMENT# P09000100497

Entity Name: SWIRE PROPERTIES US INC

Current Principal Place of Business:

501 BRICKELL KEY DR., SUITE 600 MIAMI, FL 33131

Current Mailing Address:

501 BRICKELL KEY DR., SUITE 600 MIAMI, FL 33131

FEI Number: 27-1494564

Name and Address of Current Registered Agent:

PEARSON, DALIA 501 BRICKELL KEY DR., SUITE 600 MIAMI, FL 33131 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

The above named	entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of Fig	orida.
SIGNATURE	: DALIA PEARSON			04/02/2014
	Electronic Signature of Registered Agent			Date
Officer/Direc	ctor Detail :			
Title	DO, CEO	Title	P, AS	
Name	CUBBON, MARTIN	Name	OWENS, STEPHEN L	
Address	501 BRICKELL KEY DRIVE, SUITE 600	Address	501 BRICKELL KEY DR., SUITE 600	
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131	
Title	VP	Title	VP	
Name	KELLY, J. MEGAN	Name	AGUILA, MAILE	
Address	501 BRICKELL KEY DR., SUITE 600	Address	501 BRICKELL KEY DR., SUITE 600	
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131	
Title	VP	Title	S, T	
Name	GANDOLFO, CHRISTOPHER	Name	PEARSON, DALIA	
Address	501 BRICKELL KEY DR., SUITE 600	Address	501 BRICKELL KEY DR., SUITE 600	
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131	
Title	AS	Title	VP	
Name	MCMAIN, BEVERLEY	Name	AGUILA, MAILE	
Address	501 BRICKELL KEY DR.,	Address	501 BRICKELL KEY DR., SUIT	E 600
City-State-Zip:	SUITE 600 MIAMI FL 33131	City-State-Zip:	MIAMI FL 33189	

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE	STEPHEN L OWENS	PRESIDENT	04/02/2014
	Electronic Signature of Signing Officer/Director Detail		Date

FILED Apr 02, 2014 Secretary of State CC4501242656

Certificate of Status Desired: No

Officer/Director Detail Continued :

Title	DO, VP	
Name	GANDOLFO, CHRISTOPHER	
Address	501 BRICKELL KEY DR., SUITE 600	
City-State-Zip:	MIAMI FL 33131	