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LLC REGISTERED AGENT CHANGE **SHORE LLC**

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DEC 2 0 2012 EXAMINER

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.

agent, or both, in the State of Florida.	
Name of the limited liability company:	SHORE LLC
2. (a) Principal office address of limited liability comp	oany:
(Note: MUST BE STREET ADDRESS)	2071 FLATBUSH AVE STE 22 BROOKLYN, NY 11234
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	2071 FLATBUSH AVE STE 22 BROOKLYN, NY 11234
7/2/01	L01000010660 R 9
3. Date of filing/registration in Florida	4 Document number
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
Registered Agent:	INCORP SERVICES, INC.
Registered Office Address:	17888 67TH COURT NORTH
NEW Registered Office Address:	INTERSTATE AGENT SERVICES, LLC 1540 GLENWAY DRIVE
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	,
	TALLAHASSEE ,FL32301
If the limited liability company is not organized under confirmed that after the change or changes are made, it and the business office of the registered agent will be it liability company, it is hereby confirmed that the chang of the members of the limited liability company or as o or the operating agreement of the limited liability company company or as one of the limited liability company. Signature of a member or authorized tepresentative of a member.	the Florida street address of the registered office dentical. Or, in the case of a Florida limited se(s) was/were authorized by an affirmative vote therwise provided in the articles of organization
ALEX ENGLARD - AUTHORIZED PERSON	,
Printed or typed name of signee I hereby accept the appointment as registered agent ar comply with the provisions of all statules relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address I thereby confirm that the limited liability comp	nd agree to act in this capacity. I further agree to a proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change. ALEX ENGLARD - SPECIAL SECRETARY
Signature of Registered Agent	

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