1/29/2021 Division of Corporations

L05000122909

Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : URS AGENTS LLC
Account Number : 120150000127
Phone : (800)567-4397
Fax Number : (800)567-4398

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: sharon.sherrod8@gmail.com

2021 JAN 29 PM 3:25
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE
SHARSHE REALTY LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$25.00

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SAL

(((H21000040464 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHARSHE REALTY LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHARON SHERROD
Name of Person

SHARSHE REALTY LLC
Firm/Company

9040 BRELAND DR
Address

TAMPA, FL 33626
City/State and Zip Code

sharon.sherrod8@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

URS Agents c/o Kanetha Bishop at (800) 567 -4397
Name of Person 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 amount:

☑ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

INHS18 (2/14)

(((H21000040464 3)))

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Name of the limited liability company: SHARSHE REALTY LLC

2. (a) Principal office address of limited liability company: *(Note: MUST BE STREET ADDRESS)*
9040 BRELAND DR
TAMPA, FL 33647

(b) Mailing address of limited liability company: *(Note: MAY BE POST OFFICE BOX)*
9040 BRELAND DR
TAMPA, FL 33626

3. 12/28/2005 Date of filing/registration in Florida

4. L05000122909 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
PAMELA L WILSON
Registered Office Address: *(MUST BE FLORIDA STREET ADDRESS)*
31 W TARPON AVE
TARPON SPRINGS FL 34689

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
URS AGENTS, LLC
NEW Registered Office Address:
3458 LAKESHORE DRIVE
TALLAHASSEE FL 32312

FILED
2021 JAN 29 PM 5:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Shawn Shenod
Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Kristina Bishop, Asst. Secretary
Signature of Registered Agent

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

[NHS18 (2/14)