L06000007160

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JIVISION OF CORPORATIONS
JIVISION OF CORPORATIONS
16 JUN -6 PM 3: 57

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Shire Properties USA 2109 (Name of Limite	ed Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Mory Amaro (Name of Person)		
Cantor & Webb P.A. (Firm/Company) 1001 Brickell Bay Drive, Suite 3112	06 JUN -6	
(Address) Miami, FL 33131 (City/State and Zip Code)	PH 3: 57	
For further information concerning this matter, pl	lease call:	
Mory Amaro at ((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 an	nount:	
\$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 limite	d liability company is	s: Shire	Properties USA 2109, LLC	<u> </u>
2. The mailing address of	f the limited liability	company is	:9100 S. Dadeland Blvd.,	
Suite 1802 PH2, Mia				•
1/20/06			L0600000 7160	
3. Date of filing/registration in Florida 4. Document number				
5. The name of the register Florida Department of		gistered offi	ce address as shown on the reco	ords of the
	Scott J. Perdic	gon, Esq. Name		
	9100 South Dade	eland Bly Address	rd!, Suite 1802 PH2	DIVISI
	Miami, FL 3315	56 y, State and	l Zip	OF JUH -6
6. The name and address	of the new registered	agent and/	or office:	CORP CORP F
	SLC Corporate S	Services	Inc.	PH 3: 57
		Name		a Bu
	1001 Brickell I			S
	Florida street addre	ess (P.O. B	ox NOT acceptable)	
	Miami		33131	
	City,	, State and	Zip	
confirmed that after the cand the business office of liability company, it is he of the members of the lin or the operating agreement.	hange or changes are the registered agent reby confirmed that t nited liability compar nt of the limited liabil	made, the will be iden he change(ny or as oth lity compar	e laws of the State of Florida, it Florida street address of the regintical. Or, in the case of a Florida s) was/were authorized by an afterwise provided in the articles of y.	istered office da limited Tirmative vote
(Signature of a member or author		nber)		
Morayma f (Printed or typed name of signee)	Amaro		_	
I have by account the anno	internet as uppictored	agent and ive to the pons of my pg filed to mility compa	agree to act in this capacity. I roper and complete performand osition as registered agent as perely reflect a change in the regny has been notified in writing to	further agree to e of my duties, rovided for in gistered office of this change.

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