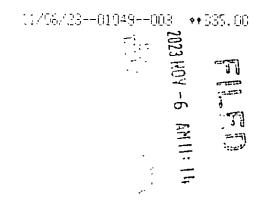
## 

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nan	ne)			
(0.0	ocument Number)				
(60	cument Number)				
Certified Copies	Certificates	of Status			
	- Office	1			
Special Instructions to Filing Officer:					
I has it					

Office Use Only





## **COVER LETTER**

TO:	Registration Section Division of Corporations	•				
SUBJI	SHA REAL ESTATE HOLDINGS, LLC	SHA REAL ESTATE HOLDINGS, LLC				
50501		Name of Limited Liability Company				
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Office Ch	hange and fee(s) are submitted for filing.				
Please	return all correspondence concerning this mat	tter to the following:				
Andres	v Pierce					
	Name of Person					
Cindy's	s Florida LLC					
	Firm/Company					
8051 N	4. Tamiami Trail STE E6					
	Address	<del></del>				
Saraso	ta, Florida, 34243					
	City/State and Zip Code					
reports	@wyominglicattorncy.com					
Ē	-mail address: (to be used for future annual re	eport notification)				
For fu	ther information concerning this matter, pleas	se call:				
Andres	w Pierce at	707 300-0042				
	Name of Person	Area Code & Daytime Telephone Number				
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following amou	unt:				
	■ \$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 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. Na	ime of the limited liability company: SHA REAL ES	STATE HO	OLDIN	NGS, LLC
2. (a)	8051 N. Tamiami Trail STE E6		(b) 80	051 N. Tamiami Trail STE E6
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(=)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Sarasota, Florida, 34243		Sa	arasota, Florida, 34243
	01/20/2009		L09	9000006400
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Colon, Edward			
). ( <b>u</b> )	Registered Agent and Registered Office shown on the records	of the Flori	da Dej	pt. of State:
	9209 Charles E. Limpus Road			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
				2023
	Orlando	32836		2023 NOV
	,1	r L		0) 1
(b)				
(5)	Enter name of NEW Registered Agent and/or NEW Register			<u>ss</u> : ===================================
	Cindy's Florida LLC			
	NEW Registered Office Address:			
	8051 N. Tamiami Trail STE E6			
	Sarasota	FL_34243		
change agent v was/we the arti	imited liability company is not organized under the lor changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the membericles of organization or the operating agreement of the distribution of a member of a member or authorized representative of a member	laws of the registed liability of the limited	ne Sta ered o compa mited I liabi	office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
provisi the obl to mere notified	by accept the appointment as registered agent and a ons of all statutes relative to the proper and completigations of my position as registered agent as providely reflect a change in the registered office address, I in writing of this change.	gree to a te perfori ded for in I hereby	ct in t nance Chaj confu	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accep pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
	re of Registered Agent			