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another cover sheet. To: **Division of Corporations** Fax Number : (850)617-6383 Account Name : REGISTERED AGENTS INC. Account Number: I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010 \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Email Address:\_\_ LLC REGISTERED AGENT CHANGE SHINDE GROUP, LLC Certificate of Status Certified Copy 0 02 Page Count

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SEP 0 4 2019

## 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: Shinde Group LLC				
ว	(a)	1000 Fifth Street	<sub>(b)</sub> 1000 F	ifth Street
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
		Suite 200-Y3	Suite 2	00-Y3
		Miami Beach, FL 33139	Miami B	each, FL 33139
		01/23/2012	L12000	010169
3.		Date of filing/registration in Florida	4.	Document number
5	(a)	CORPORATION SERVICE COMPANY		Document number 70 9 SEP 11
٠.	(,	Registered Agent and Registered Office shown on the records of the	ne Florida Dept, of Stat	SEP SEP
	1201 HAYS STREET			
		Registered Office Address (MUST BE FLORIDA STREET A	- · · · · · · · · · · · · · · · · · · ·	
			PH	
		TALLAHASSEE FI	32301	- - - - -
		, PL		
(b) Registered Agents Inc.  Enter name of NEW Registered Agent and/or NEW Registered Office address:				_
		7901 4th St N		
		NEW Registered Office Address:		
		STE 300		_
		St. Petersburg	33702	
the ag	e ch ent is/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered offic bility company, it f the limited liabili	the and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
-	Sign	ature of a member or authorized representative of a member		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.  Bill Havre - Assistant Secretary				
Signature of Registered Agent				

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