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(Requ	uestor's Name)	
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(City/	State/Zip/Phone	∋#)
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Certified Copies	Certificates	s of Status
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Office Use Only



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COVER LETTER

TO: Registration Section

Divi	ision of Corporations				
SUBJECT:	SHAH FAMILY HOLDINGS LLC				
	Name of Limited Liability Company				
Dear Sir or !	Madam:				
The enclosed	d Registered Agent/Registered Office Cha	ange and	fee(s) are submitted for filing.		
Please return	n all correspondence concerning this matt	er to the	following:		
Michael M	lirrione				
	Name of Person		_		
Wolz Corp	porate USA, Inc.				
	Firm/Company		_		
36 South	18th Avenue, Suite D				
	Address		_		
Brighton, (CO 80601				
	City/State and Zip Code		_		
Comple E-mail	ance @ aculdratner. cor address: (to be used for future annual rep	ort notifi	cation)		
For further is	nformation concerning this matter, please	call:			
Michael M	irrione	303	655-9659		
	Name of Person		Area Code & Daytime Telephone Number		
Regi Divi Clift 2661	REET/COURIER ADDRESS: istration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314		
Encl	losed is a check for the following amou	nt:			
za s	25 Filing Fee	\(\bar{\pi}\) \$5	5 Filing Fee & Certified Copy		
INHS18 (2/14	ı)				

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.

(a)	20 1ST ST. N	(b) 20	DISTIST. N
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	WINTER HAVEN, FL 33881	<u>w</u>	INTER HAVEN, FL 33881
	04/29/2013	L13	3000061754
	Date of filing/registration in Florida	4.	Document number
(a)	NRAI SERVICES, INC		
	Registered Agent and Registered Office shown on the records o	f the Florida Dep	t, of State
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	1200 South Pine Island Road		
	Plantation , F	33324	
b)	Universal Registered Agents, Inc.		
υ,	Enter name of NEW Registered Agent and/or NEW Registere	d Office address	7: 7:
	3458 Lakeshore Drive		စ်းြ ယ ကျွာ စ
	NEW Registered Office Address		 3:
	Tallahassee	L 32312	

Signature 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.

Signature of Registered Agent Michael Mirriano Acco VP.

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