

P05000018069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

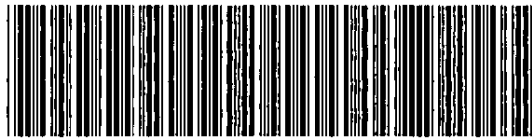
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2009 AUG 13 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A.

TB

AUG 14 2009

Law Offices of
R. PATRICK PHILLIPS

Post Office Box 1153
Orlando, Florida 32802-1153

Telephone: (407) 425-7676

Facsimile: (407) 425-7679

E-mail: pat.phillips@rpphillipslaw.com

R. PATRICK PHILLIPS
Board Certified
Aviation Law Attorney

200 N. Thornton Avenue
Orlando, Florida 32801

August 10, 2009

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Amendment Section
Division of Corporations
Shri Harihar, Inc.
Amendment Application of Change of
Registered Office or Registered Agent
or both for corporation

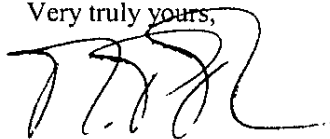
Dear Sir/Madam:

Please find enclosed the following documents:

1. Our firm's check in the amount of \$35.00
2. Amendment of Change of Registered Office or Registered Office or Registered Agent or both for Corporation

Thanking you in advance for your assistance in this matter.

Very truly yours,



R. Patrick Phillips

RPP/bwb
Enc.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SHRI HARIHAR, INC.
Name of Corporation

DOCUMENT NUMBER: P05000018069

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

R. PATRICK PHILLIPS, ESQ.
Name of Contact Person

LAW OFFICE OF R. PATRICK PHILLIPS
Firm/Company

200 NORTH THORNTON AVENUE
Address

ORLANDO, FL 32801
City/State and Zip Code

pat.phillips@patphillipslaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

R. Patrick Phillips at (407) 425-7676
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SHRI HARIHAR INC.
2. The principal office address: 4434 HOFFNER AVE STE 4, ORLANDO FL 32812
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/3/2005 Document number: P05000018069

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

PATEL, DIPAK K

6555 LAKE CARLISLE BLVD

ORLANDO FL 32829

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

PERSAUD, EDWARD R.

4434 HOFFNER AVE STE 4

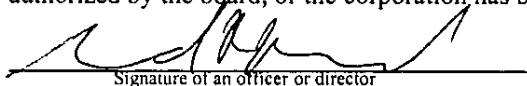
P.O. Box NOT acceptable

ORLANDO FL 32812

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

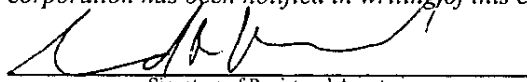
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

EDWARD R. PERSAUD, PRES.
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent
EDWARD R. PERSAUD

AUGUST 1, 2009

Date

If signing on behalf of an entity:

Typed or Printed Name

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314