

POD000022385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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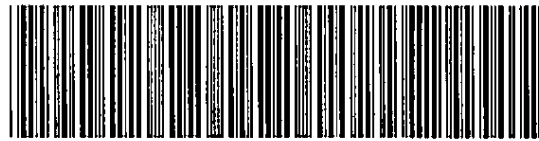
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 29 2017

S. YOUNG

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Shires Reporting Services, Inc.  
Name of Corporation

DOCUMENT NUMBER: POS000022385

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:

Karl Shires  
Name of Contact Person

Shires Reporting Services, Inc.  
Firm/Company

2206 NE 15 Terrace  
Address

Wilton Manors, FL 33305  
City/State and Zip Code

KarlShires@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karl Shires at (954) 579-1994  
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: Shires Reporting Services, Inc.

2. The principal office address: 2206 NE 15 Terrace  
Wilton Manors, FL 33305

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 2/4/2005 Document number: POS000 22385

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)

Karl Shires  
2224 NE 19 Ave.  
Wilton Manors, FL 33305

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

Karl Shires  
2206 NE 15 Terrace  
Wilton Manors, FL 33305

P.O. Box NOT acceptable

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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.

Karl Shires  
Signature of an officer or director

Karl Shires, President  
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.

Karl Shires  
Signature of Registered Agent

9/26/17  
Date

If signing on behalf of an entity:

Karl Shires  
Typed or Printed Name

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