P08000037724

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: SHAKIRAN ENTERPRISES, INC.

Name of Corporation

DOCUMENT NUMBER: N/A

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:

KIRAN H.SINGH

Name of Contact Person

SHAKIRAN ENTERPRISES, INC.

Firm/Company

8161 WILES ROAD

Address

CORAL SPRINGS, FL 33067

City/State and Zip Code

riversidestation@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROLINA DE LOS RIOS

.,954

345-2959

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

•	ovisions of sections 607.0302, 617.030 Te is submitted for a corporation organ		
	o change its registered office or regist		
1. The name of the	Corporation: SHAKIRAN ENTE	RPRISES, INC.	
	fice address: 8161 WILES ROA		
CORAL SP	PRINGS, FL 33067		
3. The mailing add	iress (if different):		
4. Date of incorpor	ration/qualification: 04/14/2008	Document number: P	08000037724
	treet address of the current registered a nent of State: (If resigned, enter resigne		file with the
	DE LOS RIOS, JOSE M (RE	SIGNED)_	
_1	9425 BLACK OLIVE LN		ALL SEED
. <u>E</u>	BOCA RATON, FL 33498		
6. The name and st (if changed):	treet address of the new registered agei	nt (if changed) and /or registe	
9	SINGH, KIRAN H		FLORI
7	'440 NW 65 LN		igm ω
P O Box NOT acceptable			
<u>i-</u>	PARKLAND, FL 33067		
	of its registered office and the street eldentical.		
Such change was authorized by the	authorized by resolution duly adopted board, or the corporation has been no	l by its board of directors or tified in writing of the chang	by an officer so e.
Signature	of a harded or director	KIRAN H SINGH F	
I hereby accept the I further agree to performance of me agent. Or, if this chereby confirm the	e appointment as registered agent an comply with the provisions of all state y duties, and I am familiar with and a document is being filed merely to refl at the corporation has been notified in	d agree to act in this capacit ates relative to the proper an eccept the obligation of my p ect a change in the registere n writing of this change.	y. id complete nsition as registered d office address, I
Ina.	of Control Agent	01-02-1	14
If signing on beha	,		
KIRAN H SIN	IGH		
Type	d or Printed Name		

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

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Bon 6327, Tallahassee, FL 32314 CR2E045 (03/12)