

P100000055715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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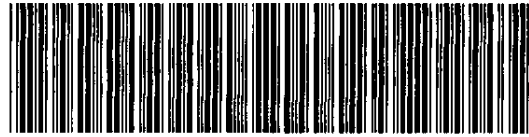
(Business Entry Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SHINEMAN ENTERPRISES, INC.
Name of Corporation

DOCUMENT NUMBER: P1000055715

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:

ELIZABETH RAINVILLE
Name of Contact Person

SHINEMAN ENTERPRISES INC.
Firm/Company

5899 WHITFIELD AVENUE
Address

SARASOTA, FL 34249
City/State and Zip Code

RAINVILLE511@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELIZABETH RAINVILLE at (941) 359-3900
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: SHINEMAN ENTERPRISES, INC.
2. The principal office address: 5899 WHITFIELD AVENUE
SARASOTA, FL 34243
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/01/2010 Document number: P10000055715
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)

MARY RIZZO
14969 SKIP JACK LOOP
LAKWOOD RANCH, FL 34202

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

ELIZABETH RAINVILLE
5899 WHITFIELD AVENUE
P.O. Box NOT acceptable
SARASOTA, FL 34243

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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.

Mary Rizzo
Signature of an officer or director

MARY RIZZO
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.

Elizabeth Rainville
Signature of Registered Agent

SEPTEMBER 28, 2011
Date

If signing on behalf of an entity:

ELIZABETH RAINVILLE
Typed or Printed Name

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