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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : SHIN LAW FIRM, P.A.

Account Number : I20120000028 Phone

Fax Number

: (407)730-7814 : (407)730-7815

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE SHIN LAW FIRM, P.A.

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COVER LETTER

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SUBJECT:	Shin Law F	irm, P.A.	···
	Name of C	Corporation	
DOCUMENT NUMBER:_	P12	2000004348	
The enclosed Statement of Cl	hange of Registered Offic	ce/Agent and fee are submi	tted for filing.
Please return all corresponder	nce concerning this matte	er to the following:	
	Britney N	McConnell ontact Person	· · · · · · · · · · · · · · · · · · ·
	Name of Co	ontact Person	
	Shin Law	Firm, P.A.	
	Firm/C	ompany	
		• •	
	200 South Orange	Avenue, Suite 1450	
	Ăd	dress	· · · · · · · · · · · · · · · · · · ·
	Orlando.	FL 32801	
•	City/State a	FL 32801 and Zip Code	
	D	12.1-	
E-mail as	Broconnell@s	shinlawgp.com future annual report notif	ication)
L-man a	deress. (to be asea tor.	tutute attituas report noto	ucation
For further information conce	eming this matter, please	call:	
Britney M	cConnell	- 407 x	730-7814
Name of Cont		at (407) Area Code & Dayti	me Telephone Number
Enclosed is a \$35.00 check m	ade payable to the Depar		•
Ame Divi P.O.	ing Address: indment Section sion of Corporations Box 6327 abassee, FL 32314	Street Address: Amendment Se Division of Co Clifton Buildir 2661 Executiv Tallahassee, F.	ection orporations ng e Center Circle

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

1 1

	provisions of sections 60 ange is submitted for a co				his
	er to change its registere				
1. The name of	the corporation: Shin	Law Firm, P.A	<u>. </u>		
2. The principa	l office address: 200 Sc	outh Orange Ave	enue, Suite 1450		
3. The mailing	address (if different):				
4. Date of incorporation/qualification: 01/12/2012			Document number: P12000004348		
	d street address of the cu artment of State: (If resign		nt and registered office o	n file with the	
	Tae Shin				
	5448 Penway Driv	·e			
	Orlando, FL 32814	us			
6. The name an (if changed):	d street address of the ne	w registered agent (if changed) and /or regis	<u> </u>	
	Tae Shin			APR AHAR	11
	200 South Orange			26 SSEE	<u>—</u>
	Orlando, FL 32801	P.O. Box NOT ac	ceptable	OF STU	D
The street addr	ess of its registered office to be identical.	ce and the street ad	dress of the business of	22	ed agent,
Such change wanthorized by t	as authorized by resolut he board, or the corpora	ion duly adopted b tion has been notifi	y its board of directors a led in writing of the cha	or by an officer s unge.	0
	1		Tae S	hin P,D	
I hereby accept I further agree of my duties, ar	we of mother or director I the appointment as reg to comply with the prov and I am familiar with an ing filed merely to reflect s been notified in writing	istered agent and a isions of all statute d accept the obliga t a change in the r g of this change.	gree to act in this capa s relative to the proper tion of my position as r	icity, and complete per registered agent.	formance Or, if this n that the
				6/2012	<u>-</u>
	ehalf of an entity:		Date		
	Tae Shin				
ı	Abed of Lifthted Mattle				

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

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
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