- P9800(056060
(Requestor's Name) (Address) (Address)	000041521790
(City/State/Zip/Phone #)	10/03/0401014003 **35.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	FILED 04 DCT -8 AH IO: 5 o ALL ANALY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Shear Onstruction & Development, Inc. (Name of corporation) DOCUMENT NUMBER: P980005 6060

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:

mant \$ Firm/Company St Terral 33143 mi (City/state and zip code)

For further information concerning this matter, please call:

0 at (te telephone number) Name of contact

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 <u>Street Address:</u> Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

CR2E045(6/04)

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

 $\Lambda_{13}m$

1. The name of the co	reportions Shear Construction Development	H, H	<u> 7C.</u>	
2. The principal offic	IPID OD DI	, Fl.	33	43
3. The mailing addres	s (if different):			
4. Date of incorporati	on/qualification: 6/23 1998 Document number: P98 000)56 D	60	
5. The name and stree Florida Departmen	et address of the current registered agent and registered office on file with the t of State:			
	H. Jeffrey Cutler			
	95 Merrick Way, Suite 440	k.	04 (
	Coral Gables, Fl. 33134)CT -	-71
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			AH I	ILED
H. Jeffrey Cutler		ORI	10: 5	
	Two Alhambra Plaza, Penthouse 2-C		9	
	(P.O. Box NOT acceptable)			
	Coral Gables, FI. 33134			
	its registered office and the street address of the business office of its regi entical. horized by resolution duly adopted by its board of directors or by an office		ent,	

(Sprattere or an officer or director)

(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) UHC

If signing on behalf of an entity:

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

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