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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: SEG HANDUATION (SECTION CO.) Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	: Change and fee(s) are submitted f	for filing.	
Please return all correspondence concerning this a	matter to the following:		
ELC COCCID Name of Person			
CARCY MANUALTING CORECTS	1	2013 FEB 26 SEGRETARY	
2170 MAIN STREET, SIE, GOL ST			
City/State and Zip Code	**************************************	FM 12: 33	
E-mail address: (to be used for future annual report notifical	tion)		
For further information concerning this matter, ple	case call:		
Korz Hna Coogohale at (Area Code & Daytime Telephone	Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following an	iount:		

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

and the second s	
1. Name of the limited liability company:	MUNDAMON GREET LEC
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	nv: 2170 HANN STREET
(Note: MUST BE STREET ADDRESS)	ં છે. પાંચી
	SARASOTT, AC 3423)
(h) Mailing address of limited lightlity assumants	11 70 Maria Sty, 202
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	STR - Hel
(MAIC. MIT BUT OUT OF THE DOTS)	21/0 Minu STREET STR GOT GOT STREET
5 1 2006 3. Date of filing/registration in Florida	L 06000045300
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Depth of State:
Registered Agent:	
•	SA N
Registered Office Address:	1819 Main Rich F
	5ACA3-501 - PC 27234 F
(h) Enter yours of NEW! Degistered Agent and/or NI	DW Desistened Office addresses
(b) Enter name of NEW Registered Agent and/or NI	EW Registered Office address
NEW Registered Agent:	THEREON INCOME US
NEW Park Community	0.100
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2170 Man Stagest
MUST BE I LORIDA STREET ADDRESS	SARAY STA FL 34637
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change (the members of the limited liability company or as otherwise operating agreement of the limited liability company.	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote of
Signature of a member or authorized representative of a member	
Pric Callih	
Printed or typed name of signee	_
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand the companies being filed to naddress, I hereby confirm that the limited liability companies.	agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in which is the provided of the second office my has been notified in writing of this change.
Signature of Registered Agent	
Division of Corporations, P.O. Box 6	6327, Tallahassee, FL 32314

FILING FEE: \$25.00