P06000025920

(Requestor's Name)		
(Address)		
(Ad	idress)	
(City/State/Zip/Phone #)		
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer	}
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Office Use Only



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COVER LETTER

Division of Corporations
SUBJECT: MYM Enterprises /nc (Name of Corporation)
DOCUMENT NUMBER: 1060000 25920
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:
Matt Nothnage! (Name of Contact Person)
Mym Enterprises lac (Firm/Company)
4877 Valley Field Dr. (Address)
Oldsmar FL 34677 (City/State and Zip Code)
For further information concerning this matter, please call:
Matt Nothnage/ (Name of Contact Person) at (727) 786 - 2(6) (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

TO:

Amendment Section

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 statement of change is submitted for a corporation organized under the laws in order to change its registered office or registered agent, or both,	of the State of florida
1. The name of the corporation: Mym Enterprises	Inc. PSI O
2. The principal office address: 4877 Valley Field	Or. Oldsmar
3. The mailing address (if different):	RID
4. Date of incorporation/qualification: 2/21/06 Document nu	mber: 106 0000 25920
	office on file with the
Corpon	ation Service Company
1201 Hays 5t.	
Tallahassee FL	7230/
6. The name and street address of the new registered agent (if changed) and / (if changed):	or registered office
Matt Nothnagel 4877 Valley Field (P.O. Box NOT acceptable) Oldsmar FL 346	Dr. 7
The street address of its registered office and the street address of the business changed will be identical.	ness office of its registered agent,
Such change was authorized by resolution duly adopted by its board of di authorized by the board, or the corporation has been notified in writing of	rectors or by an officer so the change.
(Signature of director) (Signature of director) (Printe	thragel Vice President dortypername and title)
I hereby accept the appointment as registered agent and agree to act in the I further agree to comply with the provisions of all statutes relative to the of my duties, and I am familiar with and accept the obligation of my posit document is being filed merely to reflect a change in the registered office corporation has been notified in writing of this change.	nis capacity. proper and complete performance ion as registered agent. Or, if this address, I hereby confirm that the
(Signature Registered Agent)	(Date)
If signing on behalf of an entity:	` '
(Typed or Printed Name)	

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

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