## 360681

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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## **COVER LETTER**

	nent Section n of Corporations	•·	
CUDIFCT.	MMI :I	Holdings inc	
SUBJECT:		me of Corporation	-
DOCUMENT N	NUMBER:	360681	
The enclosed Sta	atement of Change of Register	ed Office/Agent and fee are sul	bmitted for filing.
Please return all	correspondence concerning th	is matter to the following:	
	Ch Nam	nristine Argraves ne of Contact Person	<del></del>
		/ILJ Holdings Inc Firm/Company	
	7143 \$	State Road 54 # 263 Address	<del></del>
	New Po	ort Richey, Fl. 34653 /State and Zip Code	
	argra E-mail address: (to be us	avesc@aol.com ed for future annual report n	otification)
For further infor	mation concerning this matter,	please call:	
N	Christine Argraves Name of Contact Person	at ( 727 ) Area Code & Da	232-0635 aytime Telephone Number
Enclosed is a \$3	5.00 check made payable to the	e Department of State.	
	Mailing Address: Amendment Section Division of Corporat P.O. Box 6327	Street Addr Amendmen tions Division of Clifton Bui	t Section Corporations

2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (8/05)

Tallahassee, FL 32314



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 17, 2011

CHRISTINE ARGRAVES MMLJ HOLDINGS, INC. 7143 STATE ROAD 54 #263 NEW PORT RICHEY, FL 34653

SUBJECT: MMLJ HOLDINGS, INC.

Ref. Number: 360681

We have received your document for MMLJ HOLDINGS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Enclosed is the signed Derument you requested. Chrilipaves

Irene Albritton Regulatory Specialist II

Letter Number: 511A00012198

RECEIVED

1 HAY 31 AM 9: 03

ECRETARY OF STATE
LLAHASSEE, FLORIDA

www.sunbiz.org

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statinge is submitted for a corporation organized under the laws of the State of Floor to change its registered office or registered agent, or both, in the State of Flor	<u>rida</u>
		uu.
	the corporation: MMLJ Holdings Inc	
2. The principal	office address: 7143 State Road 54 # 263	
New Po	rt Richey, Fl. 34653	<u></u>
	ddress (if different): P.O. Box 3557  Fl. 34692	
4. Date of incorp	poration/qualification: March 3, 1970 Document number:	360681
	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)	he
	Stephen : Watford	÷ 2%
	7143 State Road 43 # 263	11 HAY 31
	New Port Richey FI;. 34653	3
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	<b>3</b> 8: 1
	Christine Argraves	cs //
	7143 State Road 54 # 263	
	P.O. Box NOT acceptable	
	New Port Richey, Fl. 34653	
as changed will		
Such change was authorized by th	as authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	ficer so
X Hrma	LYNNDA SPEER  Experimental or typed name and title	- CHAIRMAN &
Thereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity.  to comply with the provisions of all statutes relative to the proper and completed I am familiar with and accept the obligation of my position as registered and filed merely to reflect a change in the registered office address, I hereby to been notified in writing of this change.	ete performance gent. Or, if this confirm that the
Christer	u Curaves 5-25-2011  Date  Date	
If signing on be	half of an entity:	
T	yped 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 \* \* \*