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TALLAHASSEE, FLORIDA

## 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.

1. The name of the limited liability company is:	-M ENTERPRISES LLC
2. The mailing address of the limited liability company	
THOmotos Assa f	1 33592
11-13-00  3. Date of filing/registration in Florida	L000000 14265 4. Document number
5. The name of the registered agent and the registered of Florida Department of State:    Florida Department of State:   Flow S Point	we(/ · p/ sF(33592
6. The name and address of the new registered agent and  Michele M  Name  12-213 Count  Florida street address (P.O. 1  Thombests A FL  City, State and	Box NOT acceptable)  33592
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 ideliability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company  (Signature of a member or authorized representative of a member)	e Florida street address of the registered office
Elfor S Powell (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 and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compositions of Registered Agent)	d 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 merely reflect a change in the registered office any has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99) FILING FEE: \$25.00