Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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DESCRIPTION OF STATES OF S

LLC REGISTERED AGENT CHANGE MJL ENTERPRISES, LLC

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

(a)			
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	:	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	03/02/01	LO1	.000003248
	Date of filing/registration in Florida	4.	Document number
(a)	MEADORS, VICKI L		
	Registered Agent and Registered Office shown on the record	is of the Florida De	pt, of State:
	1301 RIVERPLACE BLVD. SUITE 1500	Is of the Florida De	pt. of State:
	· -		pt. of State:
	1301 RIVERPLACE BLVD. SUITE 1500 Registered Office Address		pt. of State:
b)	1301 RIVERPLACE BLVD. SUITE 1500	EET ADDRESS)	
(b)	1301 RIVERPLACE BLVD. SUITE 1500 Registered Office Address	. FL 32207	
(b)	1301 RIVERPLACE BLVD. SUITE 1500 Registered Office Address	. FL 32207	
(b)	1301 RIVERPLACE BLVD. SUITE 1500 Registered Office Address	. FL 32207	
(b)	1301 RIVERPLACE BLVD. SUITE 1500 Registered Office Address	. FL 32207	2023

d agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company,

Signature of a member or authorized representative of a member Robin Jones Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been natified in writing of this change.

David Roberts

- Assistant Secretary

Signature of Registered Agent