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EXAMINER



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COVER LETTER

Division of Corporations		
SUBJECT: 1791 MM2SELUES LIC		
Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
KENNETH D. PITTMNV Name of Person		
1791 MASCHULS, LIC		
452NE39th ST Address		
MIMMI A. 33137 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
KENNED+ PITTMAV at (305) 439-1055 Name of Person 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 amount:		
\$25 Filing Fee \$55 Filing Fee & Certified Copy		
NHS18 (5/08)		

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. Name of the limited liability company: 1791 m	MSEILLES, LLC		
2. (a) Principal office address of limited liability company	Y: KENNOH D PTITMIN		
(Note: MUST BE STREET ADDRESS)	452 NE39th ST MIDMLPL 33137		
(b) Mailing address of limited liability company:	KUNNUTH D. PITTIM		
(Note: MAY BE POST OFFICE BOX)	450 NE 39 13 5 5		
3. Date of filing/registration in Florida	L 0 2 0000 15710		
5. (a) Registered Agent and Registered Office shown on			
Registered Agent:	PAUL SOROTA S		
Registered Office Address:	3841 NE 200 Me 3 = 3010-3010-3010-3010-3010-3010-3010-3010		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			
<u>NEW</u> Registered Agent:	KENNEDT D. PITTMY		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	452 NE 39th ST MIMMI ,FL 33137		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the/change or changes are made, the Florida street address of the registered office and the business office of the registered 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 of authorized representative of a member KEWLEN+ D - PITTM M Printed or typed name of signee	_		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the providing and I am familiar with and accept the obligations of my po Chapter 608, F, S. Or if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.		
Signature of Registered/Agent			
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314			

FILING FEE: \$25.00