## L0300055010

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DIVISION OF CORPORATIONS

B. Tables DEC 1 5 2009

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## COVER LETTER

Division of Corporations			
SUBJECT: 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:			
Angie Newman. Name of Person			
N.M.T. Enter-Proses, LLC Firm/Company			
1311 SW 4th Court			
Cape Loral, FZ 33991  City/State and Zip Code			
No more tears 55@ embaranail. Com  E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Angie Wewman at (239) 218-4464  Name of Person at (239) Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: MAILING ADDRESS:			
Registration Section Registration Section			
Division of Corporations  Division of Corporations  Division of Corporations			
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301			
Enclosed is a check for the following amount:			
\$25 Filing Fee \$\times  \text{\$55 Filing Fee & Certified Copy}			

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

Pursuant to the provisions of sections 608.416 or 608.5 liability company submits the following statement in ordagent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited er to change its registered office or registered
1. Name of the limited liability company: M.M.	T. Enterprises, We
2. (a) Principal office address of limited liability compan	y: 13115W 4th Court
(Note: MUST BE STREET ADDRESS)	Cape Coral, FZ 33991
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	6003 Whitney Drive Bossier City, LA 71111
December 12, 2003  3. Date of filing/registration in Florida	L03000055010 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	the records of the Florida Dept. of Stars:  Report
Registered Office Address:	1311 5W 4th Court to
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	W Registered Office address:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	20805 DE 101 ST AV Q B EARL ton FL 32631
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company	laws of the State of Florida, it is hereby Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization
Signature of a member or authorized representative of a member	<del>_</del>
Selemy D, Curry 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 pr	agree to act in this capacity. I further agree to
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provided in the provision of all statutes relative to the provided in the	oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office y has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00