104000004984

(Re	equestor's Name)								
	Erik C. Larser 43 W Park Ave. St Winter Park, FL 3;	e 201							
(City/State/Zip/Phone #)									
PICK-UP	☐ WAIT	☐ MAIL							
(Вс	usiness Entity Nar	ne)							
(Do	ocument Number)								
Certified Copies	Certificates	of Status							
Special Instructions to	Filing Officer:								
		7/201							
	Office Use On	in Miles							



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6.055 994-19029--004 **25.00

OL JUL 16 AMII: 38

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 na	ame o	f the limite	d liability o	company i	s: ME	INSMITH	ENT	TERPRI	SES,	LLC	
2.	The m	ailing	address of	f the limited	d liability	company is	:					
	285	Poi	nciana	Drive,	Indian	Harbor	Beach,	FL	32937			
						. <u>.</u>						
_		20/2							004984			
3.	Date o	f filin	g/registrat	ion in Flori	da		4. Docu	ment	t number			
			the registe artment of		and the reg	gistered offic	e address a	s sho	wn on th	е гесот	ds of t	he
				Eri	ik C. L	arsen						
						rk ^{Name} nı	ue, Suít	te 2	201			
						Address						
				_ Wir		rk, FL						
					Cit	y, State and	Zip		<u> </u>			
6.	The na	me an	d address	of the new	registered	agent and/o	r office:			Ĭ.	_	
				Sus	san J.	Smith				<u>[</u> [رً	<u>+</u>	
				285	5 Poinc	i ana Dr	ive		_	SECNERÁKÍ DE DIME ALLAHASSEE FLORID	9 I TNC 10	7 3 3
				Florida s	treet addre	ess (P.O. Bo	x NOT acc	eptat	ole)	SER		
				Inc	dian Ha	rbor Be	ach, FL	329	37		*	
				<u> </u>	City,	State and Z	ip		_	ORII	သင	The state of the s
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(Si	gnature o	e men	ober or author	ized representa	tive of a men	aber)	_					
	S usai	ı J.	Smith,	, Managi	ing Mem	ber	,					
			me of signee)									
	_	W.	uttk –	intment as it is of all stated accept the this document that the lines are sugar as a su		agent and a ive to the prons of my pog filed to me lity compan	igree to act oper and co ssition as re rely reflect y has been	in the complete giste a change notific	is capaci ete perfor red agen ange in ti ied in wri	ty. I fut mance t as pro he regis iting of	rther of of my wided stered this ch	igree to duties, for in office lange.
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314												

FILING FEE: \$25.00

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