L04000083984

(Red	questor's Name)			
(Add	dress)			
	d>			
(Add	dress)			
(Cih	//State/Zip/Phone	<u>,和</u>		
(Oit)	// Clate/ Liph Hone	· ",		
PICK-UP	MAIT	MAIL		
(Bus	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to F	Filing Officer:			
		:		

Office Use Only



300062373303

12/27/05--01043--009 **25.00

FILED

05 DEC 27 PM 2: 01

SECKLIARILY FINDINA

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Melvin / James Vaux LLC (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:				
Jajone 5 Va UX (Name of Person)				
Melvin / Wares Vaux LLC (Firm/Company)				
4320 Mistle thrush Ln (Address)				
Naples, FL 34/19 (City/State and Zip Code)				
For further information concerning this matter, please call:				
(Name of Person) at (239) 992-97/C (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				

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 li	ability company is: Melvin	11 11 11 11	1.7.
		1	1
	e limited liability company is:	TOPO PHISPIETERUS	6 <i>6</i>
Nuples FL 34			
3. Date of filing/registration	: T1: 1	L0400008398	4
5. Date of ming/registration	ін гіопаа	4. Document number	
Florida Department of Stat			ecords of the
<u></u>	Name Lin Flagle ST Si Address		
			<u>.</u>
<u></u>	liami, FL 33/32 City, State and Zi	ip —	OS SE(
6. The name and address of the	ne new registered agent and/or of	office:	
	lames Vaux		FILED DEC 27 PM 2: 01 CURETAIN OF STATE LLAHASSEE, FLORID
	Name Name Name		
	lorida street address (P.O. Box)	NOT acceptable)	2: 51/ FLO
	`	• ,	
<u></u>	Naples, FL City, State and Zip	39119	-
confirmed that after the chang and the business office of the liability company, it is hereby of the members of the limited or the operating agreement of (Signature of a member or authorized a	ny is not organized under the law ge or changes are made, the Flor registered agent will be identically confirmed that the change(s) will define the liability company. The limited liability company.	rida street address of the real. Or, in the case of a Flowas/were authorized by an	egistered office orida limited affirmative vote
(Printed or typed name of signee) I hereby accept the appointm	ent as registered agent and age	eee to act in this canacity	I further garee to
1 = 1 =	ent as registered agent and agr all statutes relative to the prop scept the obligations of my posit document is being filed to mere t the limited liability company h	er and complete performa tion as registered agent as ly reflect a change in the r uas been notified in writing	nce of my duties, provided for in egistered office g of this change.
(Signature of Registered Agent)		··	
Division of	f Corporations, P.O. Box 6327 FILING FEE: \$25	•	

INHS18 (8/05)