## L05000042808

Erik C. Larsen PA (Requestor's Name)
243 W Park are (Address)
Suite 201 (Address)
Suite 201  (Address)  Winter Pourk Fl 32789  (City/State/Zip/Phone #)
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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 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 liability company is: MELVIN INTERNATIONAL, LL	c
2. The mailing address of the limited liability company is:	•
14140 ANDREW SCOTT ROAD, SPRING HILL, FL 34609	- -
O5/02/2005 105000042808	
3. Date of filing/registration in Florida 4. Document in	number
5. The name of the registered agent and the registered office address as show Florida Department of State:	vn on the records of the
ERIK C. LARSEN	
Name 243 W. PARK AVENUE, STE. 201	· 
Address WINTER PARK, FL 32789	OS D SECO TALL
City, State and Zip	ARC ES
6. The name and address of the new registered agent and/or office:	ART ART
MARK MELVIN	- E - E - E - E - E - E - E - E - E - E
Name 14140 ANDREW SCOTT ROAD	3: 32 *LORID
Florida street address (P.O. Box NOT acceptable	<b>&gt;</b>
SPRING HILL FL 34609	
City, State and Zip	
If the limited liability company is not organized under the laws of the State of confirmed that after the change or changes are made, the Florida street address and the business office of the registered agent will be identical. Or, in the calliability company, it is hereby confirmed that the change(s) was/were authors of the members of the limited liability company or as otherwise provided in or the operating agreement of the limited liability company.	ss of the registered office
Machel 2	2 <u>34</u> 71
(Signature of a member or authorized representative of a member)	
MARK MELVIN	
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act in this comply with the provisions of all statutes relative to the proper and complete and I am familiar with and accept the obligations of my position as registere Chapter 608, F.S. Or, if this document is being filed to merely reflect a chan address. I hereby confirm that the limited liability company has been notified	capacity. I further agree to performance of my duties, d agent as provided for in ge in the registered office

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