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TALLAHASSEE, FLORID,

D. BRUCE

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**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUB.		ledallion Ten, LLC Limited Liability Company
	Name of E	mined Elability Company
Dear	Sir or Madam:	
The e	enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Pleas	e return all correspondence concerning	this matter to the following:
	Rafael E. Alfonso	
	Name of Person	•••
		ALI ALI
	Medallion Ten, LLC	AR J
	Firm/Company	TAS A
		SEE SEE
	9840 SW 77th Avenue, Suite	203
	Address	100 V (
		HASSEE, FLORID
	Miami, FL 33156	<b>A.</b> 01
	City/State and Zip Code	
	ony, suite and 21p cour	
	rafael@medallionbuilders.co	o <u>m</u>
	E-mail address: (to be used for future annual report n	otification)
For f	further information concerning this matt	er, please call:
	Rafael E. Alfonso	at ( 305 ) 670-0006
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:	MAILING ADDRESS:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	Clifton Building	P.O. Box 6327
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
	Enclosed is a check for the following	ng amount:
	\$25 Filing Fee	\$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 608.508, 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.

Name of the limited liability company:	Medallion Ten, LLC
2. (a) Principal office address of limited liability compan	y: 9840 SW 77th Avenue, Suite 203
_[✓] ( <u>Note: MUST BE STREET ADDRESS</u> )	Miami, FL 33156
(b) Mailing address of limited liability company:	9840 SW 77th Avenue, Suite 203
(Note: MAY BE POST OFFICE BOX)	Miami, FL 33156
9/27/2005	L05000094995
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Rafael E. Alfonso
Registered Office Address:	9200 S. Dadeland Blvd. Suite 612 Miami, FL 33156
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	W Registered Office address 20
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	9840 SW 77th Avenue, Stiffe 203  Miami, FL 33156
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 identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	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
Rafael E. Alfonso	_
Printed or typed name of signee	

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