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## 106000039648

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LLC RAJRO Change

## COVER LETTER

Registration Section Division of Corporations

TO:

INHS18 (2/14)

SUBJECT: MENVAHEE HOLDING, 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:						
LIANDREA MENNA Name of Person						
MENVAHEE HOLDING LLC Firm/Company						
12600 Rosevelt Blud Address						
St. Peters burg FZ 33716 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Margaret Beil at (727) 796-0021 Name of Person Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: MAILING ADDRESS:						
Registration Section Registration Section						
Division of Corporations  Clifton Building  Division of Corporations  P.O. Box 6327						
2661 Executive Center Circle Tallahassee, Florida 32314						
Tallahassee, Florida 32301						
Englosed is a check for the following amount:						
\$25 Filing Fee  \$25 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 605.0114 or 605.0116, 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. Na	ame of the limited liability company: MENVAHE	EE HO	LDING, L	<u>LC</u>
2. (a)		POR	x0x 4189	<del></del>
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		ling address of limited liab Note: MAY BE POST OF	
	St. Petersburg, FL 33716	Cle	ar water, i	FZ 33758
		<u> </u>		
	04/17/2006 L	_0600	000 3964 8	?
3.	Date of filing/registration in Florida 4.	Do	ocument number	-"
5. (a)	AMINIE MOHIP			
	Registered Agent and Registered Office shown on the records of the Florida D	Dept. of State:		
	12600 Roosevelt Blvd.			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	St. Petersburg, FL 33	716	=	IAI IAI
(b)	LIANDREA MENNA		+ OCT	ECRE LLAF
( )	Enter name of NEW Registered Agent and/or NEW Registered Office addr	ess:	727	TAR ASS
			P	7.03 7.00 7.00 7.00 7.00 7.00 7.00 7.00
	Same as above		; 2:	F S
	NEW Registered Office Address:		: 26	TATE ORIDA
	, FL			
agent was/w	imited Hability company is not organized under the laws of the Sange or changes are made, the Florida street address of the register will be identical. Or, in the case of a Florida limited liability come ever authorized by an affirmative vote of the members of the limited liability of the operating agreement of the limited liability.	ered office ar apany, it is he ed liability co	nd the business office ereby confirmed that t company or as otherwi	of the registered the change(s)
	An	UTHONY	MENNA	
- (	rock of a member or authorized representative of a member		inted or typed name of sig	
provis the ob- to mer	by accept the appointment as registered agent and agree to act in ions of all statutes relative to the proper and complete performan ligations of my position as registered agent as provided for in Ch well reflect a Vilange in the registered office address, I hereby con a in writing pithis change.	n this capaci nce of my dut napter 605, F nfirm that the	ty. I further agree to ies, and I am familian .S. Or, if this docume limited liability comp	comply with the with and accept int is being filed bany has been

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

Signature of Registered Agent LITANDREA MENNY