LOTOCO 20365

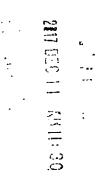
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	-

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J. HARRIS

· COVER LETTER

TO: Registration Section Division of Corporations						
	_					
SUBJECT: VENE - AHERIC	BAN ENGINEETING. 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:					
loss Dias						
Jose Rios Name of Person						
Name of reison						
None A region & Fracionarios Ma						
Vene- AMERICAN E Firm/Company	<u>Definition</u>					
1163 Golden Cone Dr						
Address	Address					
Waston, Fl 3332= City/State and Zip Code]					
City/State and Zip Code						
100000	1					
Veneamerican a gmail com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Jose Rios	79/ 6626073					
Name of Person	at (786) 6636273 Area Code & Daytime Telephone Number					
	·					
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section					
Division of Corporations	Division of Corporations					
Clifton Building						
2661 Executive Center Circle						
Tallahassee. Florida 32301						
Enclosed is a check for the following amount:						
₩\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					

INHS18 (2/14)

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: $\frac{1}{2}$	MED	LCAU	ENGINEER	ing, LLC
2. (a)	NOS Golden Cone DC Waston Fl Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)		Mailing address of limite (Note: MAY BE POS	
		_			
	Feb 22, 2007		L0=	100002036	6 5
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Elizabeth Rias				
(/	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of State	້. ປະ	
	1163 Golden Cane Dr Weston:	F1 3	3327		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		-	
					<i>C</i> 3
	. FL	33:	327	-	22
	,rL_	<u></u>	<u> </u>	-	
(b)	Jose Rios				·
` '	Enter name of NEW Registered Agent and/or NEW Registered (Office add	ress:	· .	ã:
					<u> </u>
	NEW David and COS and Library			-	3)
	NEW Registered Office Address:				
	163 Golden Cone Dr			-	
	Weston FL	333	327		
Signa I here provis the obt to mer notifie	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization of the operating agreement of the lature of a member or authorized representative of a member by accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete pligations of my pasition as registered agent as provided ely reflect a change in the registered office address. I had in writing of this trange.	the regist bility con the limi imited li	tered office inpany, it is ted liability ability con	e and the business of shereby confirmed y company or as oth npany. Printed or typed name	ffice of the registered that the change(s) nerwise provided in of signee