107000054126

(Requestor's Name)				
(Address)				
(Ac	ldress)			
(Ci	ty/State/Zip/Phor	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				
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SECRETARY OF STATE

COVER LETTER

Division of Corporations			
SUBJECT: MUYDIGITAL STORE LLC	; f Limited Liabi	lity Company)	
(Name of	Emmed Diabi	nty Company)	
Dear Sir or Madam:			
m 1 1p 1	0.07 (1)	10.75	10 60
The enclosed Registered Agent/Registered	Office Change	e and fee(s) are submitte	ed for filing.
Please return all correspondence concernin	g this matter to	the following:	
·	~	•	
ENRIQUE OBDULIO BRITO			
(Name of Person)	•	_	
(Firm/Company)			#
			O7
2407 W, 70TH PLACE			
(Address)		_	ASSI
HIALEAH, FLORIDA, 33016			PS # III
(City/State and Zip Code)		·····	PH 12: 5
			A
For further information concerning this ma	tter, please call	l:	
ū	•		
ENRIQUE O BRITO	at (305	2156329	
(Name of Person)		(Area Code & Daytime	e Telephone Number)
STREET/COURIER ADDRESS:	MA	AILING ADDRESS:	
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
Enclosed is a check for the following	ing 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.

agent, or both, in the State of Piortaa.				
1. The name of the limited liability company is:	MUYDIGITAL STORE LLC			
2. The mailing address of the limited liability con	npany is: 3006 AVIATION AVE. PH	4C		
COCONUT GROVE, FL 33133				
MAY 18, 2007	L07000054126			
5. Date of Hillig/registration in Florida	4. Document number			
5. The name of the registered agent and the register Florida Department of State:	ered office address as shown on th	e records of the		
LOUIS M. HILLMAN-	WALLER			
	Name			
3006 AVIATION AVE. I	PH 4C	7		
<u> </u>	Address	07 SEC		
COCONUT GROVE, FI		CRETARY		
City, S	tate and Zip	ASA AS		
o. The limite and address of the new registered agent and of office.				
ENRIQUE OBDULIO E	BRITO	PH 12: 51		
N	ame	DRI C		
2407 W, 70TH PLACE		D.Fi		
Florida street address	(P.O. Box NOT acceptable)			
HIALEAH,	FL 33016			
City, Sta	ate and Zip			
If the limited liability company is not organized up confirmed that after the change or changes are may and the business office of the registered agent will liability company, it is hereby confirmed that the coff the members of the limited liability company of the operating agreement of the limited liability. (Signature of a member or authorized representative of a member)	de, the Florida street address of the let identical. Or, in the case of a change(s) was/were authorized by a so otherwise provided in the articompany.	e registered office Florida limited an affirmative vote		
LEONARDO BRITO RODRIGUEZ	•			
(Printed or typed name of signee)				
I hereby accept the appointment as registered age comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being file address, I hereby confirm that the limited liability	ent and agree to act in this capacit to the proper and complete perfor of my position as registered agent ed to merely reflect a change in th company has been notified in writ	ty. I further agree to mance of my duties, as provided for in he registered office ting of this change.		
(Signature of Registered Agent)				
	. Box 6327, Tallahassee, FL 323 FEE: \$25.00	314		

FILING FEE: \$25.00

INHS18 (8/05)