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(Address) (Address) (City/State/Zip/Phone #)
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J. BRYAN

OCT 1 9 2009

EXAMMER

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	ECT:Name of			m, LL ity Com		- 	
Dear :	Sir or Madam:						
The e	nclosed Registered Agent/Registered	Office (Change	and fee	(s) are submitted for fi	ling.	
Please	e return all correspondence concerning	g this m	atter to	the foll	owing:		
	Carmela Brosnan Name of Person	•••	····	·			
	MealCab.com, LLC Firm/Company			_	IALLAH IALLAH	09 001	100
	26843 Tanic Drive, Suite 1 Address	02			ASSEE. FLORII	09 OCT 6 AM 1:54	
	Wesley Chapel, FL 3354- City/State and Zip Code	4		_	ORIDA DE	2 5	
	sales@mealcab.com -mail address: (to be used for future annual report			 :			
	John Brosnan	at (_	813	_)	907-0222		
	Name of Person			Area Code	& Daytime Telephone Numb	er	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	,	Reg Div P.O	istration ision of . Box 63	Corporations		
Enclosed is a check for the following amount:							
	\$25 Filing Fee	-		5 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.

1. Name of the limited liability company:	MealCab.com, LLC
2. (a) Principal office address of limited liability company	y: 26843 Tanic Drive
(Note: MUST BE STREET ADDRESS)	Suite 102 Wesley Chapel, FL 33544
(b) Mailing address of limited liability company:	26843 Tanic Drive
(Note: MAY BE POST OFFICE BOX)	Suite 102 Wesley Chapel, FL 33544
/0/8/2007 3. Date of filing/registration in Florida	<u>L07000102280</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Carmela Brosnan
Registered Office Address:	20420 Walnut Grove Lane Tampa, FL 33647
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW Registered Agent</u> :	W Registered Office address:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	26843 Tanic Drive Suite 102 Wesley Chapel ,FL33544
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 identified the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identified to the confirmed that the change of the registered agent will be identified to the change of the registered agent will be identified to the change of the registered agent will be identified to the change of the registered agent will be identified to the change of the registered agent will be identified to the registered agent will be again.	lorida street address of the registered office
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) was/were authorized by an affirmative vote rwise provided in the articles of organization
liability 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) was/were authorized by an affirmative vote rwise provided in the articles of organization
Carnela Grossan) was/were authorized by an affirmative vote rwise provided in the articles of organization
Signature of a member or authorized representative of a member Carmela Brosnan	_

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