

#L07000/18842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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K. SALY
EXAMINER

DEC 13 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAM Medical Clinic, 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:

MULUKEN FREW
Name of Person

MAM Medical Clinic
Firm/Company

2802 West Waters Ave.
Address

Tampa, FL 33614
City/State and Zip Code

MULUKEN FREW @ AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Muluken Frew at (813) 352-9442
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following 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.

1. Name of the limited liability company: M x M Medical Clinic, LLC
2. (a) Principal office address of limited liability company: 1911 W. Martin Luther King Blvd.
Tampa, FL 33607
(Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: 1911 W. Martin Luther King Blvd
Tampa, FL 33607
(Note: MAY BE POST OFFICE BOX)
- 11/28/07
3. Date of filing/registration in Florida
4. Document number LO7000118842
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: FREW, Muiiken
Registered Office Address: 1911 W. Martin Luther King Blvd.
Tampa, FL 33607
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Agent: FREW, Muiiken
NEW Registered Office Address: 2802 West Waters Avenue
(MUST BE FLORIDA STREET ADDRESS) Tampa, FL, 33614
FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Muiiken
Signature of a member or authorized representative of a member

Muiiken Frew
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Muiiken
Signature of Registered Agent

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

FILED
1006 PM 4:00
DIVISION OF STATE
TALLAHASSEE, FLORIDA