L09000085686

(Requestor's Name)							
(Address)							
(Address)							
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(City/State/Zip/Phone #)							
(City/State/Zip/Filotte #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	MELINES ENTERPRISES LLC	<u>:</u>	
SOBJEC		Name of Limited I	Liability Company
Dear Sir	or Madam;		
The encl	osed Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.
Please re	tum all correspondence concernin	g this matter to the	following:
MARIA I	ELISA GIROUD		
	Name of Person		
MELINE	S ENTERPRISES LLC		
	Firm/Company		
2818 FII.	LMORE ST, APT.A		
	Address	<u> </u>	
HOLLYV	VOOD, FL.33020		
	City/State and Zip Cod	de	
percosme	elisa' <u>a</u> hotmail com		
E-r	nail address: (to be used for future	annual report noti	fication)
For furth	er information concerning this ma	tter, please call:	
MARIA :	ELISA GIROUD	786 at (4433006
	Name of Person		Area Code & Daytime Telephone Number
]]	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the follow	ving amount:	
■ \$25 Filing Fee		<u> </u>	\$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.

L No	ame of the limited liability company: MELINES ENTE	RPRISES LI	.C		
2. (a)	2818 FILLMORE ST,Apt. A.Hollywood, Fl.33020	(b) ²	818 Fillmore St., Apt. A. Holly	wood, Fl	.33020
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limite (Note: MAY BE POS	-	
	09/03/2009	L09	9000085686		
3. 5. (a)	Date of filing/registration in Florida ANDRES FELIPE MARTINEZ	4.	Document number		
	Registered Agent and Registered Office shown on the records of	pt. of State:			
	Registered Office Address (MUST BE FLORIDA STREET) 2818 Fillmore St, Apt.A	ADDRESS)			2022 KUV 15
(b) .	Hollywood FL	33020		•	1. AO
	MARIA ELISA GIROUD				PHUS
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	<i>∞</i> :	:	E 23	
	2848 Fillmore ST, APT.A			•	C.
	NEW Registered Office Address:		·		
	Hollywood	33020			
change agent v was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the way.	registered on bility composition of the limited	office and the business office cany, it is hereby confirmed to I liability company or as oth	of the rehat the cerwise p	egistered change(s) crovided in
Signa	fure of a member or authorized representative of a member		Printed or typed name	of signee	<u>: </u>
provisi he obl to mere notified	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete is guitons of my position as registered agent as provided by reflect a change in the registered office address. It is my riting of this change.	ee to act in performance I for in Cha aereby confi	this capacity. I further agre e of my duties, and I am fam pter 605, F.S. Or, if this doo rm that the limited liability o	e to com iliar wit cument i company	ply with the hand accept s being filed has been
	re of Registered Agent				