L11000045887

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

Office Use Only



100205219351

04/28/11--01026--008 **25.00

11 APR 28 PM 2-54

SION OF CURPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: MING ALTO MOJEGALE, 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:		
OTTEVE ELIGHACHE.		
1		
Minch Arto WholFSALE, LC		
4238 MiddleBROOK Rd, #428		
Address		
Oelmon / Floein A, 3281) City/State and Zip Code		
King AutoWholeSALE@GMAIL.COM E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
StEEVE FLOHACHE at (407)781-6279		
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327	
Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Englosed 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. liability company submits the following statement in orangent, or both, in the State of Florida.	.508, Florida Statutes, the undersigned limited der to change its registered office or registered
1. Name of the limited liability company: 1/1/16	Hilto Wholten LE, LC
2. (a) Principal office address of limited liability compa	ny: 4238 MiddlEBlook Rd.
(Note: MUST BE STREET ADDRESS)	#428 ONANDO, FL 32811
(b) Mailing address of limited liability company:	4238 MiddleBlook Rd
(Note: MAY BE POST OFFICE BOX)	#428 ORIANDO, FL 32871 SE
04/15/2011	L1100045887 95
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida Dept. of State:
Registered Agent:	STEEVE ETISTACHE
Registered Office Address:	4042 MiddlEblack Rot
	Ociano, 72 32811
(b) Enter name of NEW Registered Agent and/or N	EW Registered Office address:
NEW Registered Agent:	STEEVE FLISTACHE
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4238 Middle Brook Rd. #428 Opennoo ,FL 32811
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company.	Florida street address of the registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote erwise provided in the articles of organization
Signature of a member or authorized representative of a member	<u></u>
Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my parties to 8, F.S. Or, if this document is being filed to a address, I hereby confirm that the limited liability company.	agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office my has been notified in writing of this change.
Signature of Registered Agent	