## 111000056083

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T. CLINE

OCT 2 6 2012

**EXAMINER** 

## **COVER LETTER**

Division of Co	orporations					
SUBJECT:			TIONAL GF			
	Name of	Limited	Liability Com	ipany		
Dear Sir or Madam:						
The enclosed Registe	red Agent/Registered	Office (	Change and fee	(s) are submitted f	or filing.	
Please return all corre	espondence concernin	g this m	atter to the foll	owing:		
<b>F</b>	AROLD LEMOS Name of Person					
MJC INTE	RNATIONAL GROU Firm/Company	JP LLC			7 A 4000	ı
F	PO BOX 212135 Address				12 SCT 25 TURE TARY LAHASSE	بره در جو هو چو هو چو
	PALM BEACH FL 3 y/State and Zip Code	3421			ENCENDA BANKE BANKA BANK	
JUCA E-mail address: (to be	API70@GMAIL.COI used for future annual repor	M t notificatio	n)			
For further information	on concerning this ma	tter, plea	se call:			
HAROL Name of	D LEMOS Person	at (_	561 )	6355430 e & Daytime Telephone		
STREET/COU Registration Se Division of Con Clifton Buildin 2661 Executive Tallahassee, Flo	porations g : Center Circle		Registration Division of P.O. Box 63	Corporations		
Enclosed is a	check for the follow	ing amo	unt:			
\$25 Filing	Fee		\$55 Filing	Fee & Certified C	Сору	

TO: Registration Section

## 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.

Name of the limited liability company:MJC 1	NTERNATIONAL GROUP LLC			
2. (a) Principal office address of limited liability company	117 COUNTRY CLUB WAY			
(Note: MUST BE STREET ADDRESS)	ROYAL PALM BEACH FL 33411			
(b) Mailing address of limited liability company:	PO BOX 212135			
(Note: MAY BE POST OFFICE BOX)	ROYAL PALM BEACH FL 33421			
05/12/2011	L11000056083			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:			
Registered Agent:	HAROLD LEMOS			
Registered Office Address:	117 COUNTRY CLUB WAY ROYAL PALM BEACH FL 334 11			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	W Registered Office address:			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7200 GEORGIA AVE			
MOST DE L'ECKIMISTREET MEDICESSY	WEST PALM BEACH ,FL33405			
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 iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote			
Printed or typed name of signee	_			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.			
4 1000				

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