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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Section 2 mily rearray)
(Document Number)
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Special Instructions to Filing Officer:





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TALLAHASSEE, FI

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Midiculous LLC Name of Limited	Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change ar	nd fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	ne following:
Avtenc Hartwell Name of Person	
Midiculous LLC	
2612 Mead Avenue	SECRETARY TALLAHA
Address	
St. Cloud, FL 3417 City/State and Zip Code	C16 PM 3: 09 [ANASSEC FI
E-mail address: (10 be used for future annual report not	tification)
For further information concerning this matter, please call:	
Artere Hartwell at (46	1 <u>497-9700</u> 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 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 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.

1. Na	ume of the limited liability company:Mid	icul	ous L	LC	
2. (a)	1317 Edgagater Drive	(b	121	7 Edgen	xater Drive
(u)	Principal office address of limited liability company:	_ (*		ailing address of l	imited liability company: POST OFFICE BOX)
	(Note: MUST BE STREET ADDRESS) ++ 372			# 31	
	Orlando, Florida 32804	_	Orl		L 32804
		_		w 40-17-	<u> </u>
	09/26/2011		L11	00010	9870
3.	Date of filing/registration in Florida	4.		Document num	ber
5. (a)	Artene Hartwell				
	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State:		
	1954 Narcousse Road		 		
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS</u>	2		
	<u>Suite</u> 2-503			.o ~	
	Orlando FL	32	832	2024 DEC SECRETA	e==*#1
	Arlene Hartwell)EC	(3227)
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	恶 6	Toward
			<u> </u>	经	Seemannia (Seemannia (
	1317 Edgewater Drive	,		ကြက္ ယ္ အခႏ	(mare)
	NEW Registered Office Address:			31.V	
	#3721				
	Orlando FL	32	804		
If the I	imited liability company is not organized under the law	s of the	State of Flor	rida, it is hereby	confirmed that after the
change	or changes are made, the Florida street address of the	registere	ed office and	the business of	ffice of the registered
was/w	will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of	f the lim	ited liability	company or as	otherwise provided in
the art	icles of organization or the operating agreement of the	imited l	Λ .	1 1 1	.01
Signa	dure of a member of authorized representative of a member		MICH	ne Harty Printed or typed no	ame of signee
I here	hy accept the appointment as registered agent and agre	e to act	in this capac	city. I further a	igree to comply with the
provis the ob	ions of all statutes relative to the proper and complete pleations of my position as registered agent as provided	performe Hör in C	ance of my di .hapter 605.	uties, ànd Lam F.SOr, if this	familiar with and accept document is being filed
to mer	ely reflect a change in the registered office address. I h d in writing of this change	ereby co	mfirm that th	ie limited liabil	ity company has been
	1 The state of the				
Signati	re of Hegistered Agent				