11000145241

(Requestor's Name)		
(Address)		
(Address)		
(/1001000)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Submics Entry Warney		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Cpostal metablishis to 1 mily Smooth		
,		
APR 2 4 2012		
L. SELLERS		
· • 		

Office Use Only



600230082656

04/23/12--01014--030 **25.00



COVER LETTER *

TO: Registration Section Division of Corporations	
2 vision of Corporations	
	ess International LLC
Name of Limite	d 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 m	natter to the following:
· ·	
CMJ of Broward LLC	
Name of Person	
<u>;</u>	
;	
; Firm/Company	
$\hat{\mathbf{f}}^{(i)}\hat{\mathbf{f}}^{(i)}$	
PO Box 88	
Address	The state of the s
	•
Hallandale, FL 33008-0088	
City/State and Zip Code	
¥ 3	·
edith.alvarez55@yahoo.com E-mail address; (to be used for future annual report not fication	
E-mail address: (to be used for future annual report notification	on)
For further information concerning this matter, ple	ase cail:
Feith Alvoros	054
Ecith Alvarez at (954) 274-9298 Area Code & Daytime Telephone Number
**************************************	The code & Saytime Telephone Hamber
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
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

And the second of the second

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:	Mede Business International LLC	
2. (a) Principal office address of limited liability co	ompany: 1891 S Ocean Dr #101	
(Note: MUST BE STREET ADDRESS)	Hallandale, FL 33009	
(b) Mailing address of limited liability company	Mede Business International LLC	
(Note: MAY BE POST OFFICE BOX)	PO Box 88 Hallandale, FL 33008-0088	
1 2/29/2011	L11000145241	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office sho	own on the records of the Florida Dept. of State:	
Registered Agent:	Edith Alvarez	
Registered Office Address:	1891 S Ocean Dr # 101 Hallandale, FL 33009	
(b) Enter name of NEW Registered Agent and/	or NEW Registered Office address:	
NEW Registered Agent:	CMJ of Broward LLC	
NEW Registered Office Address: (MUST B.5 FLORIDA STREET ADDRESS)	1891 S Ocean Dr #101	
	Hallandale ,FI_33009	
If the limited liability company is not organized und confirmed that after the change or changes are made and the business effice of the registered agent will be liability company; it is hereby confirmed that the change of the members of the limited liability company or a or the operating agreement of the limited liability company or a confirmed and the limited liability company or a confirmed or typed name of signee	der the laws of the State of Florida, it is hereby e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization ompany.	
I hereby accept the appointment as registered agen comply with the provisions of all statutes relative to and i am familiar with and accept the obligations of Chapter 608, For if this document is being filed address. I hereby confirm that the limited liability constitutes of Registers Agent.	t and agree to act in this capacity. Ffurther agree to the proper and complete performance of my duties, my position as registered agent as provided for in the merely reflect a change in the registered office ompany has been notified in writing of this change.	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00		