## L12000064342

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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## COVER LETTER

	on Section of Corporations				
SUBJECT:	MEETNGS Name	Au Aucs of Limited Liability	Company		
Dear Sir or Madai	m:				
The enclosed Reg	istered Agent/Register	ed Office Change and	d fee(s) are submitted fo	or filing.	
Please return all c	orrespondence concern	ing this matter to the	e following:		
	Firm/Company			ACTEMPTASSEE FLORIDA	28 li SEP 30 AY (1: -13
<u>SANDRA</u>	Reson	at (_ <b>305</b> )	761 - 1040 Code & Daytime Telephone N	Jumbar	
STREET/C Registration Division of Clifton Bui 2661 Execu	COURIER ADDRESS: 1 Section Corporations	<b>MAIL</b> Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assee, Florida 32314	valuet	
	is a check for the follo	-			
□ \$25 Eiling Fee		<b>□</b> \$55 F	\$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 608.508, 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.

l. Na	me of the limited liability company: MEETINGS	ALLIANCE
2. (a)	Principal office address of limited liability compart (Note: MUST BE STREET ADDRESS)	SUITE 703 MIAMI, PL 33137
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	AS ABOVE
4	SEPTEMBER 26,2013	L12000064342
	te 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:	INITED STATES CORPORATION AGENTS, INC
	Registered Office Address:	13302 WINDING OAK COURT SUITE A TAMPA, FL 33612
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address
	NEW Registered Agent:	SANORA REPORT
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	250 NE 25TH 5T ω 501TH 703 ΜΙΑΜΙ ,FL 33137
confirmand the liability the method op-	limited liability company is not organized under the med that after the change or changes are made, the I e business office of the registered agent will be idently company, it is hereby confirmed that the change(sembers of the limited liability company or as otherwerating agreement of the limited liability company.	Florida street address of the registered office tical. Or, in the case of a Florida limited
	or typed name of signee	_
compl and I i Chapt addre:	by accept the appointment as registered agent and a with the provisions of all statutes relative to the provisions of all statutes relative to the provisions of my perfect the obligations of my perfect the obligations of my perfect the filed to make the state of the provision of the state of the perfect that the limited liability compartment that the limited liability compartment is being filed to make the perfect that the limited liability compartment that the limited liability compartment is the perfect that the perf	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.
Signatu	re of Registered Agent	

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