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SECRETARY OF STATE

B. BOSTICK

MAY - 1 2013

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: RELAGENT CHANNEY PLORESS CHANGE. 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:
FELTX LABBAN. Name of Person MEL'S QUICK SHOP LLC Firm/Company
5441 MAR LEON DRIVE Address Address
City/State and Zip Code City/State and Zip Code City/State and Zip Code Dollarstore Usa & Ymail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
FELT X LABBAN at (467) 341-1001 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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.

1. Name of the limited liability company: MEL'S	S QUICK SHOP LLC
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	2620 N. HIAWASSEE RD ORLANDO FL 32818
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	POBOX 386 OCOEE FLORIDA 34761
05/25/12 3. Date of filing/registration in Florida	L12000070491 4. Document number
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:
Registered Agent:	GEPSON LUBIN
Registered Office Address:	2620 N HIADASSEE Rd ORINDO FL 32518
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : NEW Registered Office Address:	FRANCIS HEMMINIS 5441 MARLEON DR
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	WINDERMERE FL 34786
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of member or authorized representative of a member 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 province of a member and I am familiar with and accept the obligations of my possible to the province of the limited liability company. Thereby confirm that the limited liability company.	aws of the State of Florida, it is hereby orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of se provided in the articles of organization or

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