## 42000110226

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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## COVER LETTER

	gistration Section vision of Corporations					
CUBICCT	Clendaniel Enterprise, LLC					
SUBJECT	Name of Limited Liability Company					
Dear Sir or	Madam:					
The enclose	ed Registered Agent/Registered Off	ice Change a	and fee(s) are submitted for filing.			
Please retu	rn all correspondence concerning th	is matter to t	he following:			
Cynthia (	Clendaniel					
-	Name of Person					
Clendani	iel Enterprise, LLC					
	Firm/Company		<del></del>			
284 Chai	rlotta Ave SE					
	Address					
Palm Bay	y, FL 32909					
	City/State and Zip Code	•				
clendanie	el.enterprise@yahoo.com					
E-ma	il address: (to be used for future ann	nual report no	otification)			
For further	information concerning this matter.	, please call:				
Cynthia (	Clendaniel	321	917-6032			
	Name of Person	((	Area Code & Daytime Telephone Number			
Rej Div Cli 260	tration Section Region of Corporations Divin Building P.O		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
En	closed is a check for the following	amount:				
	\$25 Filing Fee		\$55 Filing Fee & Certified Copy			
INHS18 (2/	14)					

## 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.

. Na	me of the limited liability company:	terprise, LLC	
. (a)	284 Charlotta Ave SE Palm Bay, FL 32909	same (b)	
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	August 28, 2012	L12000	110226
(a)	Date of filing/registration in Florida Cynthia Clendaniel, Owner/President	4.	Document number
(a)	Registered Agent and Registered Office shown on the records of the 284 Charlotta Ave SE	ne Florida Dept. of St	ate:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	<del></del>
	Palm Bay , FL	32909	SECRET
(b)	Gerald Clendaniel, Vice President		_ CT 15
(-)	Enter name of NEW Registered Agent and/or NEW Registered C	Office address:	ASSE R
	(not new) 284 Charlotta Ave SE		H 2: 45
	NEW Registered Office Address:		
	Palm Bay . FL	32909	_
e cha gent v as/we e arti	mited liability company is not organized under the law nge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the landament of the landament of a member or authorized representative of a member	the registered offi bility company, it the limited liabil imited liability co	ice and the business office of the registere t is hereby confirmed that the change(s) lity company or as otherwise provided in
herel covision de obli mere otified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I had the control of this change.	ee to act in this co performance of m I for in Chapter 6 ereby confirm tha	•••