## 115000018866

<b>(D</b>					
(Requestor's Name)					
(Add	ress)				
(Add	lress)				
·	•				
(City	/State/7in/Dhan	~ #\			
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
/Rus	iness Entity Nar	me)			
(545	incss Entity Ival	110)			
(Doc	cument Number)				
Certified Copies	Certificates	s of Status			
Special Instructions to F	iling Officer:				
		•			





400270039184

03/10/15--01029--018 \*\*25.00

J HAR TU PH 2: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 13 2015 T. CARTER

## **COVER LETTER**

TO: Registration Section Division of Corporations							
SUBJECT: FRED MCENOE LLC							
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:							
FRED GVERNIEN  Name of Person							
Firm/Company							
110 SE GST Svine 1700 Address							
FT PUDENDALL, FL 33301 City/State and Zip Code							
FRED MCEUROE LLC @ Gnail, Com E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
FRED GUERNIEN at 754, 307 6630							
Name of Person Area Code & Daytime Telepho	ne 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:							
\$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.

1. Na	me of the limited liability company:	(RED)	MENNOE	LLC	
2. (a)	Principal office address of limited liability (Note: MUST BE STREET ADDR.)		_	SE (6 ST Idress of limited liability MAY BE POST OFFI MAU PL	
3. 5. (a)	Date of filing/registration in Flor  FULD CAPPLIAN  Registered Agent and Registered Office shown on  11800 Nw 3 Ave			)00 188 ent number	66
(b)	Registered Office Address  (MUST BE FLORI  FALL)  FALL  GUERA:  Enter name of NEW Registered Agent and/or NE  110 SE G ST  NEW Registered Office Address:	, FL 3 W Registered Office a	3168		SECRETARY OF STATE TALLAHASSEE. FLORIDA
	ft landerbale	, FL_3	3301		
the cha agent w was/we the arti	mited liability company is not organized on new or changes are made, the Florida street will be identical. Or, in the case of a Florida reauthorized by an affirmative vote of the cless of organization or the operating agreed are of a member of authorized representative of a representat	et address of the reg da limited liability e members of the li ement of the limited	gistered office and the company, it is hereby mited liability company.  I liability company.  FRED Company	e business office of confirmed that the any or as otherwise TUERIU or typed name of signe	f the registered e change(s) provided in
Ja	by accept the appointment as registered a ons of all statutes relative to the proper a igations of my position as registered agen ely reflect a change in the registered office in writing of this change.	nd complete perfor it as provided for in address, I hereby	mance of my duties, à Chapter 605, F.S. C confirm that the limit	ind I am familiar w Dr, if this documen ted liability compa	oith and accept is being filed ny has been