## L150000046440

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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				
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Office Use Only



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MAR 3 1 2021 S. YOUNG



## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SURIE	ECT: MEL J MONRO PRODUCTIONS LLC  Name of Limited Liability Company						
50151							
Dear Si	r or Madam:						
The enc	losed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.				
Please r	return all correspondence concernin	g this matter to the	following:				
BERTA	INOSTROZA						
	Name of Person		<del></del>				
BI MUL	TISERVICES						
	Firm/Company		<del></del>				
438 BR.	AENER CIRCLE						
	Address		<del></del>				
PENSA	COLA, FLORIDA 32514						
	City/State and Zip Co	de					
•	uliovargas@gmail.com						
E-	mail address: (to be used for future	annual report notif	fication)				
For furt	her information concerning this ma	itter, please call:					
BERTA	INOSTROZA	850 at (	760-8090				
	Name of Person		Area Code & Daytime Telephone Number				
	Mailing Address:		Street Address:				
	Registration Section		Registration Section				
	Division of Corporations		Division of Corporations				
	P.O. Box 6327		The Centre of Tallahassee				
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				
			Tallahassee, FL 32303				
	Enclosed is a check for the follow	ving amount:					
	■ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy				

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## 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.

I. Na	nme of the limited liability company: MEL J MONRO I	PRODU	JCT!	IONS LLC	
2. (a)	C/O BERTA INOSTROZA		(b)	C/O BERT	'A INOSTROZA
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(~).		Aailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	438 BRAENER CIRCLE		٠	438 BRAE	NER CIRCLE
	PENSACOLA FL 32514	_	-	PENSACO	LA FL 32514
	03/16/2015		L	150000464	40
3.	Date of filing/registration in Florida	4.			Document number
5. (a)	NORTHWEST REGISTERED AGENT LLC				
J. (4)	Registered Agent and Registered Office shown on the records of	the Flori	ida L	Pept. of State	• :
					20
	Registered Office Address (MUST BE FLORIDA STREET)	4DDRE	SS)		2021 FEB
	3030 N ROCKY POINT DR SUITE 150 A				. 63
	TAMPA , FL	33607			- 0 B
(b)	BI MULTISERVICES				PH 7: 27
(6)	Enter name of NEW Registered Agent and/or NEW Registered	Office :	addr	ess:	27
	BERTA INOSTROZA				
	NEW Registered Office Address:				
	438 BRAENER CIRCLE				
	PENSACOLA, FL	32514			
change agent v was/wa	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of itselfs of organization or the operating agreement of the	registe bility of the li limited	ered com mite f lia	office and pany, it is ed liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
Sima	Jule of a member or authorized representative of a member	70	шк	· varcias	Printed or typed name of signee
I here provisi the obi to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. It din writing of this change.	perfori	nan	ce of my a	city. I further agree to comply with the luties, and I am familiar with and accept

Signature of Registered (gent

Division of Corporations • P.O. Box 6327 •