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COVER LETTER

то:	Registration Section Division of Corporations					
SUBJE	Change of Registered Agen	Maenan,LLC				
00000	Nam	Name of Limited Liability Company				
Dear Si	r or Madam:					
The end	closed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.				
Please 1	return all correspondence concerning thi	s matter to the following:				
Andre	es D Rodriguez-Ojea					
	Name of Person					
Maen	an,LLC					
	Firm/Company	, , <u>, , , , , , , , , , , , , , , , , </u>				
6703	SW 105 Ave					
	Address					
Miami	i, FL, 33173					
	City/State and Zip Code					
	s@maenan.us					
E	-mail address: (to be used for future ann	ual report notification)				
For fur	ther information concerning this matter,	please call:				
Andre	s D Rodriguez-Ojea	786 282-7082				
	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	closed is a check for the following amount:				
	■ \$25 Filing Fee	□ \$55 Filing Fcc & Certified Copy				
INHS18	3 (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. N	Name of the limited liability company:		
2. (a	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3. 5. (a	O3/26/2015 Date of filing/registration in Florida UNITED STATES CORPORATION AGENTS Registered Agent and Registered Office shown on the records of the	4. , INC.	
	Registered Office Address (MUST BE FLORIDA STREET ALI 13302 WINDING OAK COURT, A	2	
	TAMPA , FL 3	33612	
(b)	Andres D Rodriguez-Ojea		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	Office add	SECR.
	NEW Registered Office Address:		2019 NOV 18 SECRETARY ALLAHASSEF
	6703 SW 105 AVE		
	MIAMI , FL	33173	<u>aby</u> e D
he cl igent was/v	limited liability company is not organized under the laws nange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liability were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the liability of	he regist pility cor the limi imited li	stered office and the business office of the registere ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
Sign	nature of a member or authorized representative of a member		Printed or typed name of signee
l her provi he o o me	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address, I he ed in writing of this change.	e to act performa for in C ereby co.	in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and acce Chapter 605, F.S. Or, if this document is being file onfirm that the limited liability company has been
Signa	ture of Registered Agent		