L/600059128

(Re	equestor's Name)	······································	
(Ad	ldress)		
(Ad	ldress)		
(Cit	ry/State/Zip/Phone	; #)	
PICK-UP	WAIT ,	MAIL	
(Bu	siness Entity Nam	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
,			
		:	

Office Use Only



900288719799

2016 AUG -5 AM 8: 3T

16 AUG -5 PM 1: 26

K.SALY EXAMINER AUG 0

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

8/5/16

NAME:

MEDRAN FINANCIAL SERVICES LLC

TYPE OF FILING: CHANGE OF AGENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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.

(a)		(b)	
(**)	Principal office address of limited liability company: (Note: MUST RESTREST ADDRESS)	197,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Omega Building, Mezzanine Samuel Lewis Ave. and 53rd St. Panama, Republic of Panama	Sar	nega Building, Mezzanine muel Lewis Ave. and 53rd St. nama, Republic of Panama
	03/23/2016	L160	000059128
	Date of filing/registration in Florida	4.	Document number
(a)	Registered Agent and Registered Office shown on the records BONIFACIO CORPORATE SERVICES LI Registered Office Address (MUST BE FLORIDA STREET	C	
	MIAMI	FL 33129	SECRETARY SECRETARY
(b)		ed Office address:	
	NKW Registered Office Address:		
	155 Office Plaza Drive, Suite A		·
	Tallahassee	FL 32301	
ic chi ' <i>tra</i> g w\za'	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative your of the member ideas of organization or the operating aureement of the operating aureement of the operating aureement.	laws of the State of the registered liability compa s of the limited he limited liabil	d office and the business office of the register, ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
Sion	iture of a member or authorized representative of a member	Pi	Printed or typed name of signee
	thy accept the appointment as registered agent and a long of all statutes relative to the proper and cample digations of my position as registered agent as provi rely reflect a change in the registered affice address, a in writing of this change.		

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

INHS18 (2/14)