## 11600159567

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to	Filing Officer:				

Office Use Only



600300117816

06/08/17--01019--025 \*\*25.00

17 383 -8 70111:5

O SIMMONS JUN 0 9 2017

## COVER LETTER

**TO:** Registration Section

INHS18 (2/14)

Divi	ision of Corporations							
SUBJECT:	Melmac Enterprises, LLC							
	Name of Limited Liability Company							
Dear Sir or I	Madam:							
The enclosed	d Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.					
Please return	n all correspondence concerning th	is matter to the	following:					
Cary McM	ahon							
11/20	Name of Person		noman.					
Melmac E	nterprises, LLC							
<del></del>	Firm/Company	· · · · · · · · · · · · · · · · · · ·	<del></del>					
4451 Vero	nica Shoemaker Blvd.							
	Address							
Ft Myers,	FL 33916							
	City/State and Zip Code		_					
mac@side	elinesftmyers.com							
É-mail	address: (to be used for future ann	ual report notifi	cation)					
For further in	nformation concerning this matter,	please call:	•					
Cary McM	ahon	513	205-2219					
	Name of Person	\(\)	Area Code & Daytime Telephone Number					
	REET/COURIER ADDRESS:	MAILING ADDRESS: Registration Section						
	sion of Corporations	Division of Corporations						
	on Building	P.O. Box 6327						
2661	Executive Center Circle	Tallahassee, Florida 32314						
Talla	ahassee, Florida 32301							
Encl	losed is a check for the following	amount:						
<b>2</b> \$2	25 Filing Fee	<b>□</b> \$5	5 Filing Fee & Certified Copy					

## 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	ame of the limited liability company:	rprise	es,	LLC		
2. (a)	4451 Veronica Shoemaker Blvd.		(b)	4451 Ve	ronica Shoemaker Blvd.	
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	•	(0)		Aailing address of limited liability of (Note: MAY BE POST OFFICE	
	Ft Myers, FL 33916			Ft Myers	, FL 33916	
	8/25/2016		ı	.1600015	9567	
3.	Date of filing/registration in Florida	4.	_		Document number	
5. (a)	Cary McMahon					
( )	Registered Agent and Registered Office shown on the records of 13791 Metropolis Ave	the Flor	rida	Dept. of State	:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					r T
	Suite 100					
	Ft Myers	3391	2			5
	NEW Registered Office Address:				:	₹ Œ
	4451 Veronica Shoemaker Blvd.					
	Ft Myers, FI	3391	6			
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the re lability of the l	gis co limi	tered office mpany, it is ted liability ability com	and the business office of the shereby confirmed that the chart y company or as otherwise propany.	e registered iange(s)
Signa	tury of a member or authorized representative of a member	_		CAKY	Printed or typed name of signee	
I here provisi the obi	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I dip writing of this change.	ree to o e perfoi ed for i hereby	act rma n C	in this capa	acity. I further agree to comp tuties, and I am familiar with	oly with the and accept being filed has been
Signatu	re of Registered Agent					
	Division of Corporations • P.O.	Box 63	327	• Tallahas	see, FL 32314	