118000095595

| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| | | | | | | |
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Office Use Only



100314879361



Barton W. Clark M. A. A. C.



N. CAUSSEAUX JUN 2 5 2018

COVER LETTER

TO: Registration Section

INHS18 (2/14)

| Division of Corporations | | | | | | |
|--|---|------------------------------------|---|--------------------------------------|--|--|
| SUBJECT: | Madison Ave Enterprise LLC Name of Limited Liability Company | | | | | |
| | | | | | | |
| Dear Sir or Mad | am: | | | | | |
| The enclosed Re | gistered Agent/Registered Off | ice Change | and f | ee(s) are submitted for filing. | | |
| Please return all | correspondence concerning th | is matter to | the fo | ollowing: | | |
| Londo | n Ming Lee | | | | | |
| - | Name of Person | | | _ | | |
| Madiso | on Ave Enterprise LLC | | | _ | | |
| | Firm/Company | | | | | |
| 15757 1 | Pines BLVD UNIT 240 | | | _ | | |
| | Address | | | | | |
| Pembro | oke Pines, FL 33027 | | _ | - | | |
| | City/State and Zip Code | | | | | |
| londonm | ninglee@gmail.com lress: (to be used for future ann | ual report | notific | eation) | | |
| | mation concerning this matter. | | | | | |
| London M | ing Lee | at (3 | 05 | 903-6580 | | |
| | Name of Person | | | Area Code & Daytime Telephone Number | | |
| Registra Divisior Clifton 1 2661 Ex | T/COURIER ADDRESS: ution Section of Corporations Building accutive Center Circle assee, Florida 32301 | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | |
| Enclose | d is a check for the following | g amount: | | | | |
| ☑ \$25 F | Filing Fee | ☐ \$55 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.

| (a) | 15757 Pines Blvd Unit 240, Pembrok | ke Pines. FL 33027 (b) | 15757 Pines Blvd Unit 240. | Pembroke Pines, FL 3 |
|-----------------------------|---|---|--|---|
| (, | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | | | | |
| | April 11, 2018 | | L18000095595 | |
| | Date of filing/registration in Flo | lorida 4. | Document number | |
| (a) | Kendra Watson | | | |
| (a) | Registered Agent and Registered Office shown of | on the records of the Florida | Dept. of State: | |
| | 13410 NW 10th Ave | | | |
| | | RIDA STREET ADDRESS | | |
| | _ | | | |
| | Miami | , FL331 | 68 | SESEA I |
| | | | | UN ARTE |
| b) | London Ming Lee Enter name of NEW Registered Agent and/or N | NEW Donictored Office ade | lross. | 25 |
| | Timer name of NEW Registered Agent and/or a | VI, W Registered Control and | <u></u> . | 10 개위: 24 및 |
| | reger will be the time of the | | | င့် ဦး |
| | 15757 Pines Blvd Unit 240. NEW Registered Office Address: | | | <u> </u> |
| | | | | ~ |
| | | | | |
| | | | | • |
| | Pembroke Pines | FL_ <u>33027</u> | • | |
| cha nt v :/we arti | imited liability company is not organized inge or changes are made, the Florida str will be identical. Or, in the case of a Flo ere authorized by an affirmative vote of t icles of organization or the operating agr | reet address of the regis orida limited liability co the members of the lim reement of the limited l | itered office and the business of impany, it is hereby confirmed ited liability company or as off | that the change(s) |
| | London Ming Lee ture of a member or authorized representative of a | | London Ming Lee | |
| | | | Printed or typed name | |
| visi obl iere | by accept the appointment as registered ons of all statutes relative to the proper igations of my position as registered ago ely reflect a change in the registered offi d'in writing of this change. | agent and agree to act and complete perform ent as provided for in C ice address, I hereby co | in this capacity. I further agr mee of my duties, and I am Jan Thapter 605, F.S. Or, if this do infirm that the limited liability | ee to comply with the niliar with and accept ocument is being filed company has been |
| ,,,,, | London Ming Lee | | | |

Signature of Registered Agent