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## COVER LETTER

Division of Corporations			
SUBJECT: M.Y.O.K Services LLC  Name of Limited Liability Company			
Name of Elimited Chaomity Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Name of Person  Firm/Company			
3960 W 16 AVE SUIT 203 Address			
Hialeah Fl 33012 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Younet Tejeda at (786) 797 71 40  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 amount:			
\$\sqrt{1}\$ \$25 Filing Fee \tag{\text{\text{\$\sigma}}}\$ \$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.

1. N	ame of the limited liability company: M.Y.D.K. Sec	vices LLC
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  [Higher Land FL 33017]	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
<ol> <li>(a)</li> </ol>	Date of filing/registration in Florida 4.  Panet Tejeda.  Registered Agent and Registered Office shown on the records of the Florida Dept.	L18 000 2H07H1  Document number
	Registered Agent and Registered Office shown on the records of the Florida Dept.  5655 28Th A UE  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	of State:
(b)	Hialeah Gordons, FL 3301  Enter name of NEW Registered Agent and/or NEW Registered Office address:	TILED T 29 PM 1: 58 TARY OF STATE ASSEE, FLORIDA
	NEW Registered Office Address:	
the chagent was/w the arr	by accept the appointment as registered agent and agree to act in the	of Florida, it is hereby confirmed that after office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company.  Printed or typed name of signee is capacity. I further agree to comply with the
provis the ob to men notific	tions of all statutes relative to the proper and complete performance of ligations of my position as registered agent as provided for in Chapta rely reflect a change in the registered office address. I hereby confirmed in writing of this change.    The property of Registered Agent   Division of Corporations P.O. Box 6327 Ta	of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed a that the limited liability company has been

FILING FEE: \$25.00