## L21000472601

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DEC 0 8 2021

## COVER LETTER

TO: Registration/Section Division of Corporations	•	•
		* *
SUBJECT: MEVTEC LLC		
	Name of Limite	ed Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Register	red Office Change	and fee(s) are submitted for filing.
Please return all correspondence concer-	ning this matter to	the following:
GIANELLE VALLECILLO		
Name of Person	 n	
MEVTEC LLC		
Firm/Company		<del></del>
10360 SW 186TH STREET #972602		
Address		
MIAMI, FLORIDA 33197		
City/State and Zip	Code	
SUPPORT@MEVTEC.NET		
E-mail address: (to be used for fut	ure annual report n	otification)
For further information concerning this	matter, please call:	
GIANELLE VALLECILLO	469 at (	387-6755
Name of Person	··· (	Area Code & Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the foll	lowing amount:	
<b>\$</b> \$25 Filing Fee		1 \$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.	Na	me of the limited liability company: MEVTECILC			
			ſ	(b)	
<u>د.</u> ا	, a) ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
		10360 SW 186TH STREET #972602		10360 SW 186TH STREET #972602	
		MIAMI, FLORIDA 33197		MIAMI, FLORIDA 33197	
		10/25/2021		1.21000472601	
3.		Date of filing/registration in Florida	— 4.	Document number	
_					
5.	(a)	Registered Agent and Registered Office shown on the records o	f the Florid	da Dept. of State:	
		GIANELLE VALLECILLO			
		Registered Office Address (MUST BE FLORIDA STREET	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
		13301 SW 210TH STREET		2	
		MIAMI , F	L_33177	address:	
(	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office a	address:	
		NEW Registered Office Address:	<del></del>		
		10360 SW 186TH STREET #972602			
		MIAMI	. 33197		
		, F	L		
cha age was the	inge ent v s/we arti	or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited learn authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e register iability c of the line e limited	company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in	
<u> </u>	igna	ture of a member or authorized representative of a member		Printed or typed name of signee	
I h pro the to r	erei ovisi obl nere ifice	the state of the s	gree to ac e perforn ed for in hereby c	ct in this capacity. I further agree to comply with the mance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been	