

LA3000360269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

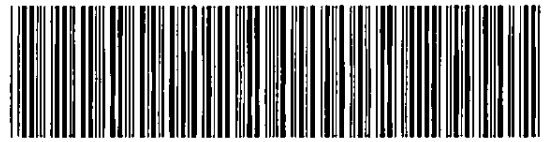
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/24/25--01015--019

2025 APR 24 PM 2:33
STATE OF FLORIDA
TALLAHASSEE, FL

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2025 APR 24 PM 2:33
STATE OF FLORIDA
TALLAHASSEE, FL

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Malika Linens and Electronics/Change to ENEJI Health
Name of Limited Liability 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:

Rosemonde Massant
Name of Person

ENEJI Health
Firm/Company

1135 W W 125 St
Address

Miami FL 33168
City/State and Zip Code

malikamassant@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosemonde Massant at (786) 7098916
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 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.

1. Name of the limited liability company: Malaiika Linens & Electronics LLC

2. (a) 1135 NW 125 st (b) _____

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

Miami Florida 33168

3. 07/31/2023 Date of filing/registration in Florida 4. L23000360269 Document number

5. (a) Rosemonde Toussaint
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1135 NW 125 st
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Miami, FL 33168

(b) ENEJI Health
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
1135 NW 125 st

Miami, FL 33168

FILED
 2025 APR 24 PM 2:33
 CLERK OF THE COURT
 STATE OF FLORIDA

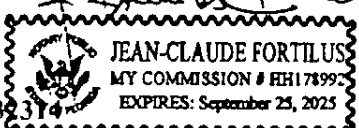
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

[Signature]

 JEAN-CLAUDE FORTILUS
 MY COMMISSION # FH17899
 EXPIRES: September 25, 2025

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

04-14-2025

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(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Miami Florida 33168

3. 07/31/2023
Date of filing/registration in Florida

4. L23000360269
Document number

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1135 NW 125 st
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Miami, FL 33168

(b) ENEJI Health
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:
1135 NW 125 st

Miami, FL 33168

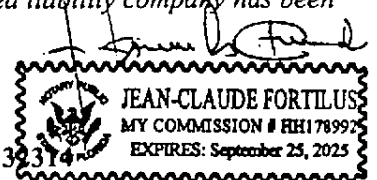
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Printed or typed name of signer

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[Signature]
Signature of Registered Agent



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

04-14-2025