12021/0000

(Re	equestor's Name)			
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, (Cit	ty/State/Zip/Phone	:#)		
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COVER LETTER

TO: Amer Divis	ndment Section ion of Corporations			
SUBJECT:_	MEJIA INVESTMENT, CORP.			
	(Name of Corporation)			
DOCUMENT NUMBER: P03000012621				
The enclosed	Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please return	all correspondence concerning this matter to the following:			
	FERES A. SAHID			
(Name of Contact Person)				
MEJIA INVESTMENT, CORP.				
	(Firm/Company)			
1243 CHARLESWORTH DR.				
(Address)				
WESLEY CHAPEL, FL 33543				
	(City/State and Zip Code)			
For further in	formation concerning this matter, please call:			
FERES A	SAHID at (813) 862-2754 (Name of Contact Person) (Area Code & Daytime Telephone Number)			
	\$35.00 check made payable to the Department of State.			
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Street Address: Amendment Section Division of Corporations Clifton Building			

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of secti statement of change is submitted for	or a corporation organized under	r the laws of the State ofF	LORIDA
	istered office or registered agent MEJIA INVESTA		'da.
The name of the corporation: The principal office address:	1243 CHALESWO	ORTH DR.	
2. The principal office address			
3. The mailing address (if different	WESLEY CHAPEI		\$
4. Date of incorporation/qualificati	on: 01-27-03 Doc	ument number: P030000	12621
5. The name and street address of the Florida Department of State:	he current registered agent and re	egistered office on file with the	ne -
CARL	OS E. MEJIA		
3419	CHAPEL CREEK DR.		2001
WESL	EY CHAPEL, FL 335	543	2006 DE C
6. The name and street address of t (if changed):			,
<u> </u>	S A. SAHID		
1243	CHARLESWORTH DR.	•	· · · · ·
WESL	(P.O. Box NOT acceptable) EY CHAPEL, FL 335	543	, , -
The street address of its registered as changed will be identical.	d office and the street address o	f the business office of its re	gistered agent,
Such change was authorized by reauthorized by the board, or the co	esolution duly adopted by its bo reporation has been notified in v	pard of directors or by an off writing of the change.	īcer so
<u> </u>		ES A. SAHID	
(Signature of an officer or direct I hereby accept the appointment of I further agree to comply with the of my duties, and I am familiar w document is being filed merely to corporation has been notified in v	s registered agent and agree to provisions of all statutes relati ith and accept the obligation of reflect a change in the register	ve to the proper and comple	ete nerformance
(Signature of Registered Ag	ent)	(Date)	
If signing on behalf of an entity:			
FERES A. SAHID (Typed or Printed Name)	-		
() per or a miner regist)			

* * * FILING FEE: \$35.00 * * *

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)