PO 5000/1099

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nam	e)
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	cument Number)	
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	Ì
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Office Use Only



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COVER LETTER

Enclosed is a \$35.00 check made payable to the Department of State.

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

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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

	Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of
	in order to change its registered office or registered agent, or both, in the State of Florida.
_	1. The name of the corporation: ML ENTERPRISES OF TAMPA Bay 1
vew >	2. The principal office address: 2978 JUYTH AVE N
	Clearwater PC 33760
	3. The mailing address (if different):
	4. Date of incorporation/qualification: 1/21/05 Document number: P05000011099
	5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
	LYNN N. Scheer
	2909 163 PANEN FOR
	CLEARWATTER FL 3376000
	6. The name and street address of the new registered agent (if changed) and /or registered offices (if changed):
	(II changed).
	2978 164th Ave N SE 55
	Clearwater fr 33760
*	The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
	Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
	Scheen LYNN N. Scheen Pres (Printed or typed name and title)
	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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
	Signature of Registered Agent) (Date)
	If signing on behalf of an entity:
	(Typed or Printed Name)

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