

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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SECRETARY OF STATE
TALLAHASSEE FLORING

** \$min SEP 3 0 2005

COVER LETTER

Division of Corporations			
SUBJECT: L. I. M. Enterprises Inc. (Name of Corporation)			
DOCUMENT NUMBER: <u>P05000107526</u>			
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:			
Ingrid R. Montoya (Name of Contact Person)			
L. I.M. Enterprises, Inc. (Firm/Company)			
1861 SW 152 Terrace (Address)			
Milama PL 33027 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Tigrid R. Muntaya at (954) 873-896/ (Name of Contact Person) (Area Code & Daytime Telephone Number)			
(Area Code & Daytime Telephone Number)			
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TO:

Amendment Section

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 Florida
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: L. I. M. Enterprises, Inc.
2. The principal office address: 1861 SW 152 Tecrace
Miramar, FL 33027
3. The mailing address (if different):
5, the maning actress (if different).
4. Date of incorporation/qualification: 8-1-05 Document number: POSO00107526
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Joseph Walkowak
2260 NW 105 Lane
Suncise, FL 33322
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Ingrid R. Montoya
1861 SW 152 Terrace (P.O. Box NOT acceptable) ASS OF TERRACE
Miramar, PL 33027
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.
August L. Martoya Irgid L. Montoya - President (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.
August R. Mantoya 9-21-05 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Ingrid R. Montaga (Typed or Printed Name)

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