## P10000069204

(Re	questor's Name)	1
(Ade	dress)	
. (Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
¨ (Bu:	siness Entity Nar	ne)
(Do	cument Number)	·
Certified Copies	_ Certificates	
Special Instructions to I	Filing Officer:	
	Office Use On	lv



000239350910

09/10/12--01028--009 \*\*35.00

OCT 1 5 2012

C. MUSTAIN

M. Association of the state of

## **COVER LETTER**

DIVISION	of Corporations			
SUBJECT:	ML JUTERNATION Name of Corp.	JAL ENTERPRISES INC.		
DOCUMENT NUMBER: 210000069204				
The enclosed Sta	atement of Change of Registered Office/A	agent and fee are submitted for filing.		
Please return all	correspondence concerning this matter to	the following:		
		er Romes		
	806 East Windu	yard Way Apt #301		
Lantona, Flonda 33462 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Monix	Lincher Romos  Jame of Contact Person	at (56) 713 - 4017 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

TO:

Amendment Section



September 25, 2012

MONIKA LINDNER ROMOS 806 EAST WINDWARD WAY APT 301 LANTANA, FL 33462

SUBJECT: ML INTERNATIONAL ENTERPRISES, INC.

Ref. Number: P10000069204

We have received your document for ML INTERNATIONAL ENTERPRISES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain Regulatory Specialist II

Letter Number: 712A00023037

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS
AS =
Tursuant to the provisions of sections 007.0502, 017.0502, 107.1500, 07.017.1500, 1307 and blattics, 1105
statement of change is submitted for a corporation organized under the laws of the State of
1. The name of the corporation: ML International GUTERPRISES Inc = "
2. The principal office address: 1599 SW 30+4 AU BOUNTON BEACHS
FIDRIDA 334A6.
3. The mailing address (if different): PO BOX 4239 Lantana 33465
Floripa.
4. Date of incorporation/qualification: 8/23/2010. Document number: P100000 69204.
<ol> <li>The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)</li> </ol>
MONIKA LINDNER HUL International Enterprises Inc
806 East Windward way mpt # 301.
Contana, Fl 33462.
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MONIKA LINDNER.
1599 5W 30th AU. Boynton Ban 33426 FL.
P.O. Box NOT acceptable
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.
Signature of an officer or director  HONDIKA LINDNER (PRESIDENT)  Printed or typed name and title
Signature of an officer or director 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.
MONIKA LINDNER 10/11/2012.
Signature of Registered Agent Date
If signing on behalf of an entity:
HODITA HUDNER
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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