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COVER LETTER

Amendment Section Division of Corporations

TO:

7,

2661 Executive Center Circle

Tallahassee, FL 32301

SUBJECT: MME INTERNATIONAL INC Name of Corporation			
DOCUMENT NUMBER: \$1500006399			
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:			
Trease return an correspondence concerning this matter to the rollowing.			
MASSIMO MASSINI			
Name of Contact Person			
Most			
Firm/Company			
6000 COLUNS AVE SUITE 544 Address MIAMI BEACH, FL 33140			
MIAMI BEACH, FL 33140			
City/State and Zip Code			
MASSIMO @ MME - INTL. COM			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
MASSIMO MASSIMI at 917 244633 Name of Contact Person Area Code & Daytime Telephone Number			
Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Street Address:			
Amendment Section Amendment Section			
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building			

Tallahassee, FL 32314

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

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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 <u>FCORIOA</u> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: MME INTERNATIONA INC
1. The name of the corporation: MME INTERNATIONAL INC. 2. The principal office address: 6000 COCCUS AVE SUITE 544 HIAMI BEACH, FL 33/40
3. The mailing address (if different):
4. Date of incorporation/qualification: 23- Jav-2015 Document number: P 1500006399
5. 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)
BUSINESS FALIGHT IN U SOLO EXCELSION OR STE 200 MADISM, WI 57717 6. The name and street address of the new registered agent (if changed) and /or registered office. (if changed):
(if changed): MASSIMO MASPINI 6000 Coccurs Ave Suras 544 P.O. Box NOT acceptable MIAMI BEACH FC 33140
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. MASSING MASSINI - 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.
Signature of Registered Agent Date
If signing on behalf of an entity: MASSIMO MASSIMI 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 * * *