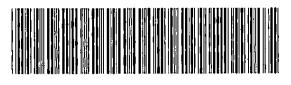


(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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FILING CANCELLED RETURNED CHECK

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COVER LETTER

FILING CANCELLED RETURNED CHECK

TO: Amendment Section Division of Corporations

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(;

SUBJECT: TV MONCAVE LOUVE II Name of Corporation		
DOCUMENT NUMBER:		
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:		
JOHN ON HOUNG ACCUMS III		
Tre Man (aut (aurore))		
5507 NW TAVE Address		
MICIMI FI 3312) City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		

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

For further information concerning this matter, please call:

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

<u>Street Address:</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 6 statement of change is submitted for a corporation organized	l under the laws of the State of
in order to change its registered office or registered. 1. The name of the corporation: The Management of the corporation: The Management of the corporation of the	
1. The name of the corporation: The MUNICIVE 2. The principal office address: 550 W	AVE
MIGMI, F1 33554	FILING CANCELLER
3. The mailing address (if different):	
4. Date of incorporation/qualification:	Document number:
5. The name and street address of the current registered agen Florida Department of State: (If resigned, enter resigned)	_
John anthony	Man # 7
	SSE PART
6. The name and street address of the new registered agent (i (if changed):	
JOHN UNHONY COLOM	N 111
MIami, FI 3.	Proble 3054
The street address of its registered office and the street add as changed will be identical.	ress of the business office of its registered agent.
Such change was authorized by resolution duly adopted by authorized by the board, or the corporation has been notified	its board of directors or by an officer so d in writing of the change.
Signature of an officer or director	DAY CINT HONY CICLOMS II /
I hereby accept the appointment as registered agent and as I further agree to comply with the provisions of all statutes performance of my duties, and I am familiar with and accepaent. Or, if this document is being filed merely to reflect a hereby confirm that the corporation has been notified in wi	gree to act in this capacity. relative to the proper and complete of the obligation of my position as registered a change in the registered office address, l riting of this change.
Signature of Registered Agent	0- 32 1) Date
If signing on behalf of an entity:	
Typed or Printed Name	
* * * FILING FEE: S	535.00 * * *

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (03-12)

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