

L09000089141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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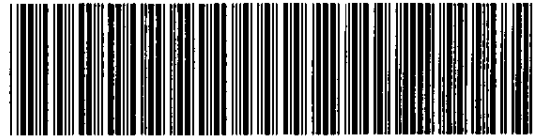
Special Instructions to Filing Officer:

A. LUNT

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EXAMINER

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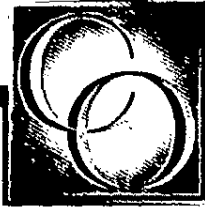
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 DEC 29 PM 4: 06

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COCHRAN & OWEN, LLC

Admitted in VA and CT

mbochenek@cochranowen.com
direct dial: 703-847-4482

December 27, 2011

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Meridian Delray, LLC

Dear Sir or Madam:

Enclosed for filing please find the Statement of Change or Registered office submitted on behalf of Meridian Delray, LLC.

A check to cover the \$25 filing fee is enclosed. Please do not hesitate to contact me at 703-847-4482 if you need any additional information.

Sincerely,

Gosia J. Bochenek

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enc.

Dedicated to efficient and effective legal solutions

COCHRAN & OWEN, LLC
8000 Towers Crescent Drive, Suite 160
Vienna, Virginia 22182-2700

p: (703)847-4480 ■ f: (703)847-4499 ■ www.cochranowen.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Meridian Delray, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Malgorzata J. Bochenek, Esq.
Name of Person

Cochran & Owen, LLC
Firm/Company

8000 Towers Crescent Drive, Suite 160
Address

Vienna, VA 22182
City/State and Zip Code

mbochenek@cochranowen.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Malgorzata J. Bochenek at (703) 847-4482
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

2011 DEC 29 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: MERIDIAN DELRAY, LLC

2. (a) Principal office address of limited liability company: 4004 S. OCEAN BOULEVARD

(Note: MUST BE STREET ADDRESS) HIGHLAND BEACH FL 33487 US

(b) Mailing address of limited liability company: 4004 S. OCEAN BOULEVARD

(Note: MAY BE POST OFFICE BOX) HIGHLAND BEACH FL 33487 US

09/15/2009
3. Date of filing/registration in Florida

L09000089141
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: DEBORAH M. MCGINN

Registered Office Address: 4004 S. OCEAN BOULEVARD
HIGHLAND BEACH FL 33487 US

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

NEW Registered Office Address: 2362 S. OCEAN BOULEVARD
(MUST BE FLORIDA STREET ADDRESS) HIGHLAND BEACH, FL 33487
FL

2PM DEC 29 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Deborah M. McGinn

Signature of a member or authorized representative of a member

Deborah M. McGinn

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Deborah M. McGinn

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00