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CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173 FILING COVER SHEET ACCT. #FCA-14 ASCORD WOLL **CONTACT:** TRACY SPEAR DATE: 11/17/06 **REF. #:** <u>001448.60310</u> CORP. NAME: MERIDIAN CONSTRUCTION AND DEVELOPMENT LLC ( ) ARTICLES OF INCORPORATION ( ) ARTICLES OF AMENDMENT ( ) ARTICLES OF DISSOLUTION ( ) ANNUAL REPORT ( ) TRADEMARK/SERVICE MARK ( ) FICTITIOUS NAME ( ) FOREIGN QUALIFICATION ( ) LIMITED PARTNERSHIP ( ) LIMITED LIABILITY ( ) REINSTATEMENT ( ) MERGER ( ) WITHDRAWAL ( ) CERTIFICATE OF CANCELLATION (XX ) OTHER: **CHANGE OF AGENT FILING** STATE FEES PREPAID WITH CHECK# 519180 FOR \$ 25.00 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** COST LIMIT: \$ \_\_\_\_

( ) CERTIFICATE OF GOOD STANDING

(XX) PLAIN STAMPED COPY

Examiner's Initials

PLEASE RETURN:

( ) CERTIFIED COPY

( ) CERTIFICATE OF STATUS

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

	m	0_ &	
liability company submit agent, or both, in the Sta	s the following state te of Florida.	416 or 608.508, Florida Statutes, the undersigned limited ment in order to change its registered office or registered.	
1. The name of the limit	ed liability company	is: Meridian Construction and Development LLC	
2. The mailing address o		30 m	
1121 Alderman Drive, Sulte	112, Alpharetta, GA	30005	
		97	
3. Date of filing/registration in Florida		M04000003262	
3. Date of mink tests day	ion in Protiga	4. Document number	
5. The name of the registr Florida Department of		gistered office address as shown on the records of the	
	Kevin Swim		
•	a de manganaga de tradación de campa que para que para que la campa que para que para que para que para que pa	Name	
	202 Regency Drive	Address	
•	Davenport, FL 33896		
City, State and Zip			
6. The name and address	of the new registered	l agent and/or office:	
	NRAI Services, Inc.		
		Name	
,	2731 Executive Park		
	Florida street addr	ess (P.O. Box NOT acceptable)	
	Weston	FL 33331	
•	City	, State and Zip	
confirmed that after the cand the business office of liability company, it is be	hange or changes are the registered agent reby confirmed that d hability company of the limited liability		
David C. Deriso, Managing	Member		
(Printed or typed name of signee)			
(Signature of Registered Agent)	ruazillari	l agent and agree to act in this capacity. I further agree to tive to the proper and complete performance of my duties, ons of my position as registered agent as provided for in g filed to merely reflect a change in the registered office lity company has been notified in writing of this change.	
Sabrina Tillanaugh Asst. S Divisio	n of Corporations,	P.O. Box 6327, Tallahassee, FL 32314	
INTHS18(10/99)	FIL	ING FEE: \$25.00	