

M23000006965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

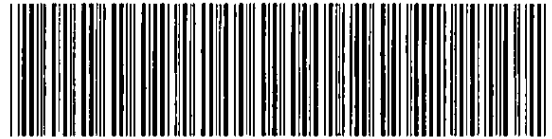
(Business Entity Name)

(Document Number)

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2023 JUN 26 AM 7:44
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Meridian Concepts TB

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:

David Roberts

Name of Person

Meridian Concepts TB

Firm/Company

7901 4th St. N. Ste 300

Address

St. Petersburg, FL 33702

City/State and Zip Code

agent@floridaregisteredagent.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Roberts at (813) 575-1161

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

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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 Concepts TB, LLC

2. (a) _____ (b) 2028 Shepherd Rd # 158
 Principal office address of limited liability company: _____ Mailing address of limited liability company:
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
 _____ Wilderberry, FL 33860

3. 5/22/23 4. M 23006006965
 Date of filing/registration in Florida Document number

5. (a) Lina Burke
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Same as above
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

 _____, FL _____

2023 JUN 26 AM 7:44

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

7901 4th St N
NEW Registered Office Address:
STE 300

St. Petersburg, FL 33702

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.

[Signature] _____ Joseph Cenna _____
 Signature of a member or authorized representative of a member 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 605, 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.

David Roberts _____ David Roberts - Assistant Secretary
 Signature of Registered Agent