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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : VCORP SERVICES, LLC  
Account Number : 120080000067  
Phone : (845)425-0077  
Fax Number : (845)818-3588

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

S TALLENT  
MAR 02 2018

**REGISTERED AGENT CHANGE  
PROPERTIES OF MERIT INC.**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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

*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 Delaware NV in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Properties of Merit Inc.  
 2. The principal office address: 121 S. Orange Avenue, Ste. 1500, Orlando, FL 32801

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 01/21/2016 Document number: F16000000309

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)

Paul Russell Thomas

121 S. Orange Avenue, Ste. 1500

Orlando, FL 32801

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Vcorp Services LLC

5011 South State Road 7, Suite 106

P.O. Box NOT acceptable

Davie, FL 33314

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.

  
Signature of an officer or director

Nicola Suppa, CEO

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

March 1, 2018

Date

If signing on behalf of an entity:

Miriam Nachison

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
 CR2E045 (03/12)

FILED  
 18 MAR - 1 AM 11:00  
 TALLAHASSEE, FL  
 DIVISION OF CORPORATIONS