F16000003216

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C LEWIS

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Meraglim Inc.

Name of Corporation

DOCUMENT NUMBER, F16000003216

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:

Kevin Massengill

Name of Contact Person

Meraglim Inc.

Firm/Company

2637 E Atlantic Blvd #39021

Address

Pompano Beach FL 33062

City/State and Zip Code

admin@meraglim.com

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

For further information concerning this matter, please call:

Kevin Massengill

,,571

354-5328

Name of Contact Person

Area Code & Daytime Telephone Number

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

Mailing Address:

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

Street Address:

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

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

Pursuant to the provisions of sections 607.0502, 617.050 statement of change is submitted for a corporation organization in order to change its registered office or registered.	nized under the laws of the State of Delaware		
1. The name of the corporation: Meraglim Inc.	ered agent, or bont, in the state of Fierman		
2. The principal office address: 2637 E Atlantic Blvd #39021, Pomp	ano Beach FL 33062		
4. Date of incorporation/qualification: 7/18/2016	Document number: F16000032	216	
5. The name and street address of the current registered a Florida Department of State: (If resigned, enter resign			
Kevin Massengill			
2646 Sorrel Ridge Rd		~3	1
Crestview, FL 32536		2016 SEP	¥
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		9	W OF TOR
Kevin Massengill		25	EX.
2637 E Atlantic Blvd #39021		2 : 00	
P.O. Box NO	T acceptable	0	•
Pompano Beach FL 3306	2		
The street address of its registered office and the street as changed will be identical.	address of the business office of its registere	d agent	,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no	d by its board of directors or by an officer so tified in writing of the change.		
Signature of an officer or director	Kevin Massengill, President & CEO		
I hereby accept the appointment as registered agent an I further agree to comply with the provisions of all state performance of my duties, and I am familiar with and agent. Or, if this document is being filed merely to refinereby confirm that the corporation has been notified in	nd agree to act in this capacity. tutes relative to the proper and complete accept the obligation of my position as regist lect a change in the registered office address	ered , I	
(M)	September 15, 2016		
Signature of Registered Agent	Date		
If signing on behalf of an entity:			
Typed or Printed Name			
* * * FILING FE	EE: \$35.00 * * *		

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
45 (03/12)