L0400018542

(Requestor's Name)	
(Address)	
. (Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officier:	
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SECRETARY OF STATE TALLAHASSEE, FLORID

06 JUN 21 PM 2: 59



COVER LETTER

TO: Registration Section Division of Corporations	·		
SUBJECT: Merritt Island Ass (Name of Limite	ociates, LLC d 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 m	natter to the following:		
Blaine C. Dickenson Es	9.		
Dickenson Murphy Rex and (Firm/Company)	Sloan PA		
980 No. Federal Highway, Ste. 418 (Address)			
Boca Raton FL 3343. (City/State and Zip Code)	2		
For further information concerning this matter, please call:			
Blaine C. Dickenson Esq at (561) 391-1900 (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 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. The name of the limited liability company is: Merritt Island Associates, LLC.
2. The mailing address of the limited liability company is: 6700 NW Broken.
Sound Parkway, #201, Boca Raton, FL 33487
03/09/2004 4040000018542
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
CORPCO INC. Name 2699 So. Bayshore Dr. 7th Fir. Address Miami, FL 33133 City, State and Zip 6. The name and address of the new registered agent and/or office: Blaine C. Dickenson Esq. Name 980 No. Federal Highway, Ste 410 Florida street address (P.O. Box NOT acceptable)
Boca Raton FL 33432 City, State and Zip
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 iability 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 of a member or authorized representative of a member) Frank J. Cvlisano
(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 identified with and accept the obligations of my position as registered agent as provided for in the property of this document is being filed to merely reflect a change in the registered office address performing the limited liability company has been notified in writing of this change. (Signaturely) Registered Agenty (Signaturely) Registered Register

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

INHS18 (8/05)