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	Requestor's Name) (Address) (Address)	10: 47 STATE FLORIDA 80007656658
_	(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	06/26/06~~01027~~003 **25,
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	Registration Section Division of Corporations			FILED	
SUBJECT:	Mergina G	enerations	, LLC	2006 JUN 26 A 10:	
	(Na	me of Limited Liability	Company)	SECRETARY OF STATE	
		1		Z Z	
The enclosed Arti	cles of Amendment and fee(s) are submitted for fill	ng.		
Please return all c	orrespondence concerning th	nis matter to the following	ng:		
	Zeshar	1 Usman		,	
		(Name of Person)			
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		(Firm/Company)		· · · · · · · · · · · · · · · · · · ·	
	23 SE	(Address)			
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	Pompano	Beach, FL	330.60		
		(City/State and Zip Co	ode)		
_	nation concerning this matter				
Le	shan Usmar	n at (9	54 - 85	6:100 1172	
	(Name of Person)	u, ((Area Code & Daytin	ne Telephone Number)	
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Enclosed is a check	for the following amount:	3		· · · ·	
\$25.00 Filing Fe	\$30.00 Filing Fe Certificate of S	Status Certifie	iling Fee & d Copy nal copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
			. 3	(additional copy is enclosed)	
	Sin garage	\$ I			
	MAILING ADDRESS:		STREET/COURI	IER ADDRESS:	
	Registration Section		Registration Section		
	Division of Corporations P.O. Box 6327	٠.	Division of Corpor Clifton Building		
1 - 4 - 1 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	Tallahassee, FL 32314	• ,,	2661 Executive Co		

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 understand 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: 2. The mailing address of the limited liability company is: 3. Date of filing/registration in Florida 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: Usmal liami City, State and Zip 6. The name and address of the new registered agent and/or office: Florida street address (P.O. Box NOT acceptable) 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 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 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 608, 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.

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

(Signature of Registered Agent)