## L05000082650

| (Req                      | uestor's Name)   |           |
|---------------------------|------------------|-----------|
| (Add                      | lress)           |           |
| (Add                      | ress)            |           |
| (City                     | /State/Zip/Phone | e #)      |
| PICK-UP                   | ☐ WAIT           | MAIL      |
| (Bus                      | iness Entity Nan | ne)       |
| (Doc                      | cument Number)   |           |
| Certified Copies          | Certificates     | of Status |
| Special Instructions to F | iling Officer:   |           |
|                           |                  |           |
|                           |                  |           |
|                           |                  |           |
|                           |                  |           |

Office Use Only



400396455324

10/31/22--01015--030 \*\*/5.00

## COVER LETTER

| TO: Registration Section Division of Corporations  |  |         |
|--|--|---------|
| THEY Improv, L.L.C. SUBJECT:   |  |         |
|  | Name of Limited Liability Company  |         |
| Dear Sir or Madam:   |  |         |
| The enclosed Registered Agent/Register   | red Office Change and fee(s) are submitted for filing.   |         |
| Please return all correspondence concer  | ning this matter to the following:   |         |
| Stephen A. Taylor Esq  |  |         |
| Name of Perso  | n  |         |
| Merited Wealth   | ι. <b></b>   | ى<br>د  |
| Firm/Company   |  | ງ<br>ວິ |
| 1666 79th St Causeway, Ste 501   | TALLAHASSEE, FL  |         |
| Address  | SSE A  | T       |
| North Bay Village, FL 33141  |  |         |
| City/State and Zip   | Code   |         |
| info@meritedw <del>ealth.</del> com  |  |         |
| E-mail address: (to be used for fu   | ture annual report notification)   |         |
| For further information concerning this  | matter, please call:   |         |
| Stephen A. Taylor  | 305 722-0091<br>at ( )   |         |
| Name of Person   | Area Code & Daytime Telephone Number   | ı       |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |         |
| Enclosed is a check for the fe   | ollowing 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.

| a)                | 17275 Collins Ave.  |  | (b) 17275 (                                | Collins Ave.   |
|-------------------|---|--|--|--|
| -,                | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  |  |  | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)   |
|                   | #401  |  | #401                                       |  |
|                   | Sunny Isles Beach, FL 33160   |  | Sunny Is                                   | sles Beach, FL 33160   |
|                   | 8/22/2005   |  | L0500008                                   | 82650  |
|                   | Date of filing/registration in Florida  | 4.   |  | Document number  |
| (a)               | Todd Rice   |  |  |  |
| ,                 | Registered Agent and Registered Office shown on the records of  | the Flori                                  | da Dept. of S                              | itate:   |
|                   | 17275 Collins Ave.  |  |  |  |
|                   | Registered Office Address (MUST BE FLORIDA STREET.  | ADDRE.                                     | <u>S.S.)</u>                               | <b>20</b>  |
|                   | #401  |  |  | 22 0<br>SAL  |
|                   | Sunny Isles Beach FI  | 33160                                      |  | 2022 OCT 31  |
|                   |   |  |  | ()( 2  |
| b)                | Stephen A. Taylor, Esq.   | _  |  |  |
|                   | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>  | Office a                                   | iddress:                                   |  |
|                   | 1666 79th St Causeway   |  |  | <del>-</del>   |
|                   | NEW Registered Office Address:  |  |  |  |
|                   | Ste 501   |  |  |  |
|                   | North Bay Village , FL  | 33141                                      |  |  |
| ige<br>it w<br>we | mited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of the organization or the operating agreement of the | registe<br>ability of<br>the li<br>limited | red office :<br>company, is<br>mited liabi | and the business office of the registered<br>t is hereby confirmed that the change(s)<br>lity company or as otherwise provided in  |
| nat               | ure of a member or authorized representative of a member  | _  |  | Printed or typed name of signee  |
| rel<br>isio       | by accept the appointment as registered agent and agr<br>ons of all statutes relative to the proper and complete<br>igations of my position as registered agent as provided<br>by reflect a change in the registered office address, I i  | ree to ac<br>perform<br>d for in           | et in this co<br>nance of m<br>Chapter 6   | apacity. I further agree to comply with to<br>by duties, and I am familiar with and acc<br>05, F.S. Or, if this document is being fil<br>at the limited liability company has been |