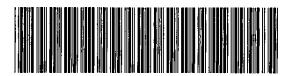
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Oily/Old/O/21p/) Holle "/)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

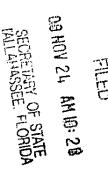
Office Use Only

106-39484



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11/24/08--01004--015 **25.00



M. THOMAS

NOV 2 5 2008

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: Merritt Computer Servi	ces, LLC e of Limited Liability Company)	0
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please	return all correspondence concernin	g this matter to the following:	•
Van N.	Merritt		
	(Name of Person)		
Merritt	Computer Services, LLC (Firm/Company)		PILELY BY NOV 21 AH ID: 25 SECRETARY OF STATE SALL AHASSEE. FLORIDA
	(гип/сопрану)		W 24 A
118 Fa	iirway Drive		
<u> </u>	(Address)		NET OF STA
Nowne	an, GA 30265		SH S
INGMILE	(City/State and Zip Code)		
For fu	rther information concerning this ma	itter, please call:	
Van N.	Merritt	at (813) _267-5436	
	(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 follow	ing amount:	
	☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

INHS18 (5/08)

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. Name of the limited liability company: Merritt Cor	mputer Services, LLC
2. (a) Principal office address of limited liability compa	ny: 118 Fairway Drive
(Note: MUST BE STREET ADDRESS)	Newnan, GA 30265
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	118 Fairway Drive Newnan, GA 30265
04/13/2006	LOG 0000 39484
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	
Registered Agent:	Mark McPherson
Registered Office Address:	Mark McPherson 5825 Legacy Crescent Place Apt. # 104 Piverview El. 33578
	Riverview, FL 33578
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	Riverview, FL 33578 EW Registered Office address:
NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1206 Versant Drive Apt. # 102 Brandon,FL_33511
If the limited liability company is not organized under the that after the change or changes are made, the Florida strength office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member or authorized representative of a member)	eet address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited
Van N. Merritt (Printed or typed name of signee)	<u> </u>
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pam familiar with and accept the obligations of my positio F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notification.	agree to act in this capacity. I further agree to proper and complete performance of my duties, and I in as registered agent as provided for in Chapter 608, a change in the registered office address, I hereby ed in writing of this change.
Mullia ah Motheson	

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