L09000013836

(Req	uestor's Name)	
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SECRETARY OF STATE IVISION OF CORPORATIONS

T. HAMPTON

SEP - 3 2010

EXAMINER

COVER LETTER

	gistration Section vision of Corporations	
SUBJEC	Γ: <u>Merit Capital Partner</u> Name of Limit	ed Liability Company
Dear Sir o	r Madam:	
The enclo	sed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please reti	urn all correspondence concerning this i	matter to the following:
A1	Dimoush Name of Person	
64	4 Timbercrest Circle Firm/Company	
64	4 Timbercrest Circle Address	
——Hi	ghland Village TX City/State and Zip Code	
E-mail	dimoush@verizon net address: (to be used for future annual report notifical	tion)
For furthe	r information concerning this matter, pl	ease call:
A1_D:	i moush at (214) 770 4602 Area Code & Daytime Telephone Number
Re Div Cli 266	REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building 61 Executive Center Circle llahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
En	closed is a check for the following am	iount:
Ø	\$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.

Name of the limited liability company:Mer	it Capital Partners, LLC
2. (a) Principal office address of limited liability compa	any:
(Note: MUST BE STREET ADDRESS)	5276 Loggerhead Place Fort Pierce, FL 34949
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	same
2/11/2009 3. Date of filing/registration in Florida	L09000013836 4. Document number
5. (a) Registered Agent and Registered Office shown o	on the records of the Florida Dept. of State:
Registered Agent:	<u>United States Corporation Agents</u>
Registered Office Address:	13302 Winding Oaks Blvd A-100 Tampa, FL
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	
NEW Registered Agent:	Alber Dimoush
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5276 Loggerhead Place Fort Pierce ,FL 34949
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company. Signature of a member or authorized representative of amember Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my in Chapter 608, F.S. Or, if this document is being filed to haddress, I hereby confirm that the limited liability company.	P-2 MII: 2 AM II: 2 A

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