

L09000069937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

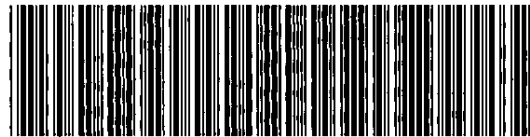
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800184025478

08/30/10--01008--008 **25.00

FILED
10 AUG 30 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

AUG 31 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MERIDIAN RESOURCE GROUP
Name of Limited 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 matter to the following:

MARY CHRISTINE VOLLMAN
Name of Person

MERIDIAN RESOURCE GROUP
Firm/Company

1909 EDGEBROOK CIRCLE #103
Address

SANFORD FLORIDA 32771
City/State and Zip Code

CVOLLMAN@MERIDIANRESOURCEGROUP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARY CHRISTINE VOLLMAN at (321) 696-9573
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

FILED
10 AUG 30 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: MERIDIAN RESOURCE GROUP
2. (a) Principal office address of limited liability company: 1909 EDGEBROOK CIRCLE #103
☐ (Note: **MUST BE STREET ADDRESS**) SANFORD FLORIDA 32771
- (b) Mailing address of limited liability company: 1909 EDGEBROOK CIRCLE #103
☐ (Note: **MAY BE POST OFFICE BOX**) SANFORD FLORIDA #103
3. Date of filing/registration in Florida: 07/21/2009
4. Document number: LO9000069937
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Agent: UNITED STATES CORPORATION
- Registered Office Address: 13032 WINDING OAKS BLVD
A-100
TAMPA FLORIDA 33612 US

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

MARY CHRISTINE VOLLMAN

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS)

1909 EDGEBROOK CIRCLE
#103
SANFORD FL 32771

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.

Thomas J. Vollman
Signature of a member or authorized representative of a member

THOMAS J VOLLMAN
Printed or typed name of signer

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.

Mary Christine Vollman
Signature of Registered Agent

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