Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : T20010000062 : (323) 962-8600 : (323)962-3889

**Enter the email address for this business entity to be used for future ennual report mailings. Enter only one email address please: **

Email	Address	f
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MEA PROPERTIES LLC

Certificate of Status	0
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Corporate Filing Menu

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https://efile.sunbiz.org/scripts/efilcovr.exe

5/1/2015

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5/1/2015 12:51:09 PM PDT 13239628300 From: Amanda Sando

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MEA PROPERTIES LLC	
Name of Limit	ed 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 r	natter to the following:
Cheyenne Moseley	
Name of Person	
Legalzoom.com, Inc.	
Firm/Company	
100 W. Broadway Suite 100	
Address	
Glendale, CA 91210	
City/State and Zip Code	
msroberts2002@gmail.com	
E-mail address; (to be used for future annual report noution	tion)
For further information concerning this matter, ple	case call:
at (323 962-8600 ext 7950
Nume of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following an	iount:
□ \$25 Filing Fee	■ \$55 Filing Fee & Certified Copy
INHS18 (12/13)	- ,,

2456014

Page 4 of 4 To:

5/1/2015 12:51:09 PM PDT

13239628300 From; Amanda Sando

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 603.0114, 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: MEA PROPER	RTIES LLC	2 PD - P	CKEE
		27 1961 表 1 1870	-K
2. (a) Principal office address of limited liability compa	ny: 222 Jean Drive		<u></u>
(Note: MUST BE STREET ADDRESS)	Crawfordville, FL 32327	: التين التين التين إلى التين التي	
		මා ි	,
(b) Mailing address of limited liability company:	222 Jean Drive		-0
(Note: MAY BE POST OFFICE BOX)	Crewfordville, FL 32327		
		نير	<u>ن: تن</u>
			56
09/08/2009	L09000086288	• •	<u> </u>
3. Date of filing/registration in Florida	4. Document number		•
5. (a) Registered Agent and Registered Office shown of	n the records of the Florid	la Dept. of Sta	ite:
Registered Agent:	Christopher Roberts		<u>. </u>
Registered Office Address:	222 Jean Drive		
	Crawfordville, FL 32327		
			<u> </u>
	•		
(b) Unter name of NEW Registered Agent and/or N	EW Registered Office an	ldress:	
NISSES Distinguish Assessed	Halland Classes Companie		
NEW Registered Agent:	United States Corporation	on Adonts, Inc.	
NEW Registered Office Address:	13302 Winding Oak Co.	urt	
(MUST BE FLORIDA STREET ADDRESS)	Suffe A		
	Tempa	,ML_33	612
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 ide liability company, it is hereby confirmed that the change the members of the limited liability company or as others the operating agreement of the limited liability company. Signatural of a member or authorized representative of a member	Florida street address of to ptical. Or, in the case of a s) was/were authorized by wise provided in the article	he registered a Florida limit v an affirmativ	office ed /e vote of
Michelle Roberts Printed or typed name of signes	_		
I have been managed the more distinguished by a condition of the condition			
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 paper 503, F.S. Or, if this document is being filed to haddress. I hereby applies that the limited liability compa			

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

INHS18 (12/13)