

L10000124193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
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D. BRUCE
DEC 17 2012
EXAMINER

Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

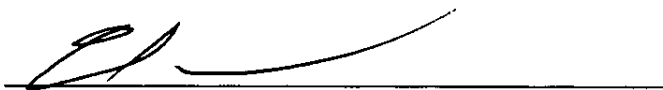
I enclose Duplicates of the Statement of Change of Registered Office or Registered Agent or Both For Limited liability Company for **Mediant Solutions LLC**, a domestic LLC.

Please file the attached Statement and return Proof of Filing and the requested Certified Copy to the below address.

Payment for the required fees is enclosed (\$55.00 to Department of State).

If you have any questions or concerns, do not hesitate to contact me.

Sincerely,



Chris Mershon
187 E. Warm Springs Road, Suite B
Las Vegas, NV 89119
702-362-2677
702-920-8057 fax

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mediant Solutions LLC

(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:

Chris Mershon

(Name of Person)

MyNewCompany.com, Inc.

(Firm/Company)

187 E. Warm Springs Road, Suite B

(Address)

Las Vegas, NV 89119

(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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For further information concerning this matter, please call:

Chris Mershon

(Name of Person)

at (702) 362-2677

(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

**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: Mediant Solutions LLC

2. (a) Principal office address of limited liability company: 1765 Strathmore Circle
Mount Dora, FL 32757
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 1765 Strathmore Circle
Mount Dora, FL 32757
(Note: **MAY BE POST OFFICE BOX**)

01/1/2011
3. Date of filing/registration in Florida

L10000124193
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: InCorp Services, Inc.

Registered Office Address: 17888 67th Court North
Loxahatchee, Florida 33470

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

NEW Registered Agent: Ronald Lee Stum III

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS) 1765 Strathmore Circle
Mount Dora, FL 32757

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.

Ronald Lee Stum III
(Signature of a member or authorized representative of a member)

Ronald Lee Stum III
(Printed or typed name of signee)

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.

Ronald Lee Stum III
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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