L11000043462

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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12 SEP 27 AM II: 16 SECRETARY OF STATE TALLAHASSEE, FLORID,

D. BRUCE SEP 28 2012

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corpora									
SUBJI	ECT:	MEP CLE						····-		
		Name of I	Limited	Liabil	ity Compa	any				
Dear S	ir or Madam:									
The en	closed Registered Ag	gent/Registered C	Office Cl	hange	and fee(s)) are subm	nitted for fili	ing.		
Please	return all correspond	ence concerning	this ma	tter to	the follow	ving:				
	James D	Loughy, Esq.								
	Name	of Person	•		_					
		RLAW, PLLC								
	Firm/C	ompany						=		
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Palm Beach Gardens, FL 33410 City/State and Zip Code							E.S			
	Only, State (and zip code						OF STATE	-	
	idloughv@a	ndvisor-law com	1					> m	01	
E-	jdloughy@a mail address: (to be used for	future annual report n	otification)						
For fu	rther information con	cerning this matt	er, pleas	se call	:					
	James D'Lou	hgy	at (561)	622	-7788			
	Name of Person		_ ~ (Area Code &		lephone Numbe	г	-	
	STREET/COURIER	ADDRESS:		MA	ILING A	DDRFSS.				
	Registration Section				istration S					
Division of Corporations			Div	ision of Co	orporations					
<u> </u>					. Box 6327					
	Tallahassee, Florida 3			I all	anassee, r	lorida 3231	.4			
	Enclosed is a check	for the followin	ıg amou	int:						
	√ \$25 Filing Fee		[\$5	5 Filing F	ee & Cert	ified 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:	ne limited liability company: MEP CLEMATIS VENTURES, LLC					
2. (a) Principal office address of limited liab	ility company: 129 Via Bosque					
(Note: MUST BE STREET ADDRE	Lupiter, FL 33458					
(b) Mailing address of limited liability cor	mpany: 129 Via Bosque					
(Note: MAY BE POST OFFICE BO	<u>upiter, FL 33458</u>					
04/11/2011	L11000043462 ₹					
3. Date of filing/registration in Florida	4. Document number					
. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State						
Registered Agent:	Jody H. Oliver, Esq.					
Registered Office Address:	800 Village Square Crossing Suite 340 Palm Beach Gardens, FL 33410					
(b) Enter name of <u>NEW Registered Ager</u> <u>NEW</u> Registered Agent:	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : NEW Registered Agent: James D'Loughy, Esq.					
NEW Registered Office Address:	2855 PGA Boulevard					
(MUST BE FLORIDA STREET AD)	Palm Beach Gardens ,FL33410					
confirmed that after the change or changes are and the business office of the registered agent	ed under the laws of the State of Florida, it is hereby a made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited the change(s) was/were authorized by an affirmative vote my or as otherwise provided in the articles of organization ility company.					
James D'Loughy, Esq., authorized repr						
Printed or typed name of signee	occiniativo					
-N(X)	d agent and agree to act in this capacity. I further agree to tive to the proper and complete performance of my duties, ions of my position as registered agent as provided for in not filed to merely reflect a change in the registered office willty company has been notified in writing of this change.					
Signature of Registered ig int	P.O. Box 6327, Tallahassee, FL 32314					

FILING FEE: \$25.00

INHS18 (05/08)