L11000068438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2019

DANIEL ALGOR
5676 W GULF TO LAKE HWY
CRYSTAL RIVER, FL 34429

SUBJECT: MEADE ATM SERVICES, LLC
Ref. Number: L11000068438

We have received your document for MEADE ATM SERVICES, LLC and check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You can only have one registered agent. Please decide who it will be.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 619A00020658

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEADE ATM SERVICES, 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:

Daniel Algor
Name of Person

ATM Enterprises of the Nature Coast, LLC
Firm/Company

5676 W GULF TOT LAKE HWY
Address

CRYSTAL RIVER, FL 34428
City/State and Zip Code

algormesser@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL ALGOR at (352) 302-0801
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

INHS18 (2/14)

RECEIVED
DEC 09 2019

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: MEADE ATM SERVICES, LLC

2. (a) Principal office address of limited liability company:
(*Note: MUST BE STREET ADDRESS*)

5291 W DEPUTY DRIVE

BEVERLY HILLS, FL 34465

(b) Mailing address of limited liability company:
(*Note: MAY BE POST OFFICE BOX*)

3. Date of filing/registration in Florida

4. Document number

5. (a) 9/1/2019
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

GREG MEADE

Registered Office Address (*MUST BE FLORIDA STREET ADDRESS*)

5291 W DEPUTY DRIVE

BEVERLY HILLS, FL 34465

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

DANIEL ALGOR

NEW Registered Office Address:

5676 W GULF TO LAKE HWY

CRYSTAL RIVER, FL 34428

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DIVISION OF CORPORATIONS

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.

Signature of a member or authorized representative of a member

GREG MEADE
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 605, 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.

Signature of Registered Agent

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