## L11000128755

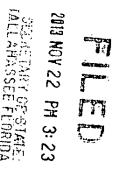
(Requestor's	Name)
(Address)	· · · · · · · · · · · · · · · · · · ·
(Address)	
(City/State/Zip	o/Phone #)
PICK-UP W	AIT MAIL
(Business En	tity Name)
(Document Number)	
Certified Copies Cer	tificates of Status
Special Instructions to Filing Officer:	

Office Use Only



000254020410

11/22/13--01018--019 \*\*43.00



110V 2 5 2013

D. BURE.

## COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: JOHN MERCIER ASSOCIATES, LLC  Name of Limited Liability Company				
Name of Limite	ed Liability Company			
Dear Sir or Madam:				
The control Decision of Acad Decision of Care	Charles and the statement when the Life fills	5. a		
The enclosed Registered Agent Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
John R. MERCIE Name of Person	ER			
JOHN MERCIER ASSOCIATES, LLC				
2800 Pinecrest St.				
SANASOTA FL 34 City/State and Zip Code	239 Int	2818 NOV 2	A VALLEY	
JMAOSF @ GMAIL COM			3.4 }	
E-mail address: (to be used for fiture annual report notificate for finither information concerning this matter, plots	ease call:	2 PM 3: 23		
Name of Person at (94) 921-5726  Name of Person Area Code & Daytane 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.

Name of the limited liability company:	HW MERCIER ASSOCIATES, LLC
<ol> <li>(a) Principal office address of limited liability company (<u>Note: MUST BE STREET ADDRESS</u>)</li> </ol>	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2800 PINECKEST ST. SARASOM, FL 34239
3. Date of filing/registration in Florida	<u>L_12000128755</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on	he records of the Florida Dept. of State:
Registered Agent:	JOHN MERCIER
Registered Office Address:	4186 MOSS OAK PI SARASOTA, FL 34231
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	
<u>NEW</u> Registered Agent:	JOHN MERCIER
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2800 PINECREST ST.  CARASOTA FL 34239
If the limited liability company is not organized under the I confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company. It is hereby confirmed that the change(s) the members of the limited liability company or as otherwisthe operating agreement of the limited liability company.  Signature of a number or authorized representative of a member  That R. MERCHER.  Printed or typed name of signee	lorida street address of the registered office ical. Or, in the case of a Florida limited was were authorized by an affirmative vote of se provided in the articles of organization or
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the product and familiar with and accept the obligations of my po Chapter 608. F.S. Or, if this document is being filed to me address. I hereby confirm that the limited hability company	gree to act in this capacity A further agree to sper and complete performance of my dupies sition as registered agent as provided for infred reflect a change in the signs and office last been notified in writing of the change.
Smanue of Restered Assat	
Division of Corporations, P.O. Box 63	·

FILING FEE: \$25.00