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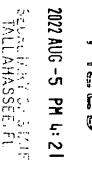
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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COVER LETTER

	Registration Section Division of Corporations	
SUBJE	CT: Merrill Land Const	Liability Company
Dear Si	r or Madam:	
The enc	closed Registered Agent/Registered Office Change ar	nd fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the	e following:
_ <i>L</i> _	Name of Person	
	Merrill Land Construction	tion
	Address St. Svite.	<u>202</u>
	City/State and Zip Code	
E	william@merrilland, com-mail address: (to be used for future annual report no	tification)
For furt	ther information concerning this matter, please call:	
	Villiam Merrill at (85) 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)

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: Merrill 2. (a) 224 S Palafor St. FL 32502	Land Construction LLC
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3. Date of filing/registration in Florida	4. Document number
5. (a) Patrick Bolsker Registered Agent and Registered Office shown on the records of	f the Florida Dept. of State:
224 S Palafox St Su Registered Office Address (MUST BE FLORIDA STREET	1/e 202 35 AZ TI
(b) William Merrill Enter name of NEW Registered Agent and/or NEW Registered	L FL 32502 SSC PH 4: 2
22L S. Palafox St. SU. NEW Registered Office Address:	ite 202
PensaculaF	L <u>32502</u>
change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited limited was/were authorized by an affirmative vote of the members the articles of organization or the operating agreement of the operating a	iability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in
Signature of a member or authorized representative of a member	J. Collier Merrill Printed or typed name of signee
	ree to act in this capacity. I further agree to comply with the

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