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| PICK-UP | WAIT | MAIL |
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| Certified Copies | Certificates o | f Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER .

TO: Registration Section Division of Corporations

SUBJECT: Meltzer & Meksraitis, 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:

Jennifer Meksraitis

Name of Person

Meltzer & Meksraitis, LLC

Firm/Company

2114 W. Columbus Drive, Ste A

Address

Tampa, FL 33607

City/State and Zip Code

meksraitis@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Meksraitis

...813

600-3197

Name of Person

Area Code & Daytime Telephone Numbe

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: Meltzer & Meksra | aitis, LLC | | | |
|---|---|--|---|--|
| 2. (a) Principal office address of limited liability comparison (Note: MUST BE STREET ADDRESS) | pany: 4000 N. Federal Hwy, Ste 202 Boca Raton, FL 33431 | <u> </u> | 2013 | |
| | | | 8 - | |
| (b) Mailing address of limited liability company: | 2114 W. Columbus Drive, Ste A | 52 | | |
| (Note: MAY BE POST OFFICE BOX) | Tampa, FL 33607 | <u>— jhö</u> | | |
| | | ري الم | 2 0 | |
| 05/01/2013 | L13000060786 | 95 | ぶ | |
| 3. Date of filing/registration in Florida | 4. Document number | 27 | 34 | |
| 5. (a) Registered Agent and Registered Office shown | on the records of the Florida I | Dept. of Sta | ite: | |
| Registered Agent: | Jennifer Meksraitis | | | |
| Registered Office Address: | 2942 W. Columbus Drive, Ste 108 | | | |
| registered office Address. | Tampa, FL 33607 | | | |
| | | | | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: | NEW Registered Office addr | ess: | | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 2114 W. Columbus Drive, Ste A | | | |
| MUSI_BE FLURIDA STREET ADDRESS) | Tampa | .FL 336 | 507 | |
| If the limited liability company is not organized under confirmed that after the change or changes are made, it and the business office of the registered agent will be is liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member or authorized representative of a member. Jennifer Meksraitis Printed or typed name of signee. | ne Florida street address of the dentical. Or, in the case of a F ge(s) was/were authorized by a erwise provided in the articles or. | registered lorida limit n affirmativ of organiza | office ed ve vote of tion or | |
| I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I herebyconfirm that the limited liability com | nd agree to act in this capacity e proper and complete perform y position as registered agent of merely reflect a change in the pany has been notified in writi | e. I further nance of my as provided registered no of this c | agree to duties, for in office hange. | |

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