L13000107911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV -4 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MW Merlino 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:

Wendy Merlino
Name of Person

MW Merlino LLC
Firm/Company

2395 Caraway Dr
Address

Venice, FL 34292
City/State and Zip Code

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

For further information concerning this matter, please call:

Wendy Merlino at (804) 3877633
Name of Person — Area Code & Daytime 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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 23, 2013

WENDY MERLINO
2395 CARAWAY DRIVE
VENICE, FL 34292

SUBJECT: MW MERLINO, LLC
Ref. Number: L13000107911

We have received your document for MW MERLINO, LLC and your check(s) totaling $55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You made the correction, but on the wrong form. You completed the Corporation form. I am enclosing the LLC form

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) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 213A00023927

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: MW Merlino LLC

2. (a) Principal office address of limited liability company: 2395 Caraway Dr
Venice FL 34292
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 2395 Caraway Dr
Venice FL 34292
(Note: MAY BE POST OFFICE BOX)

FILED
2013 NOV -4 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7-31-2013
3. Date of filing/registration in Florida

L13000107911
4. Document number

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

Registered Agent: American Safety Council, Inc.

Registered Office Address: 5125 Adanson St.
Suite 500
Orlando, FL 32804

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

NEW Registered Agent: Wendy Merlino

NEW Registered Office Address: 2395 Caraway Dr
(MUST BE FLORIDA STREET ADDRESS)
Venice, FL 34292

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.

Wendy Merlino
Signature of a member or authorized representative of a member

Wendy Merlino
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 608, 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.

Wendy Merlino
Signature of Registered Agent

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

INHS18 (05/08)