

09/11/2013 22:42

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JACOBS AND ASSOCIATE

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Division of Corporations

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L/3000/26852

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000203001 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : JACOBS & ASSOCIATES, P.A.
Account Number : I19980000094
Phone : (904) 261-3693
Fax Number : (904) 261-7879

2013 SEP 12 AM 8:12
TALLAHASSEE, FLORIDA

2013 SEP 12 AM 8:12

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: MELROYHAS@GMAIL.COM

LLC REGISTERED AGENT CHANGE
MELROYHAS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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13 SEP 12 PM 3:45
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TALLAHASSEE, FLORIDA

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A. LUNT

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((H13000203001 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MELROYHAS, 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:

ROY HASBROOK

Name of Person

Firm/Company

1671 RIGGING WAY

Address

FERNANDINA BEACH, FL 32034

City/State and Zip Code

MELROYHAS@GMAIL.COM

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

For further information concerning this matter, please call:

ROY HASBROOK

Name of Person

at (216) 789-1255

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

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DIVISION OF STATE
TALLAHASSEE, FLORIDA

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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: MELROYHAS, LLC
2. (a) Principal office address of limited liability company: 1671 RIGGING WAY
(Note: MUST BE STREET ADDRESS) FERNANDINA BEACH, FL 32034

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

1671 RIGGING WAY
FERNANDINA BEACH, FL 32034

SEPTEMBER 9, 2013

3. Date of filing/registration in Florida

L13000126852

4. Document number

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

Registered Agent:

ROY HASBROOK

Registered Office Address:

1071 RIGGING WAY
FERNANDINA BEACH, FL 32034

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

NEW Registered Agent:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

1671 RIGGING WAY

FERNANDINA BEACH, FL 32034

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

Richard J. Scholz, Esquire

Printed or typed name of signer

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.

Signature of Registered Agent

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

INF1518 (05/08)

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