## 113000161939

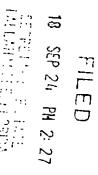
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Pho	one #)				
PICK-UP WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies Certifica	ites of Status				
Special Instructions to Filing Officer:					





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03/24/18--01020--003 \*\*25.00



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SEP 2 > 2018

## COVER LETTER

	istration Section sion of Corporations				
SUBJECT:	MEVL LLC  Name of	Limited Liab	pility Company		
Dear Sir or N			, , ,		
The enclosed	d Registered Agent/Registered Office C	hange and fe	e(s) are submitted for filing.		
Please return	all correspondence concerning this ma	itter to the fo	Howing:		
Tomer Ta	ggart				
	Name of Person		•		
MEVL LLC	2				
	Firm/Company		-		
4021 Wate	erfront Pkwy		_		
	Address				
Orlando, f	FL 32806				
	City/State and Zip Code				
tomer@nv	metro.com				
E-mail	address: (to be used for future annual r	eport notifica	ation)		
For further i	nformation concerning this matter, plea	se call:			
Maggie Co	onnelly at		647-3689		
	Name of Person		Area Code & Daytime Telephone Number		
	REET/COURIER ADDRESS:		LING ADDRESS:		
	istration Section	Registration Section			
	sion of Corporations on Building	Division of Corporations P.O. Box 6327			
	Executive Center Circle	Tallahassee, Florida 32314			
	ahassee, Florida 32301				
Enclosed is a check for the following amount:					
<b>☑</b> \$:	25 Filing Fee	<b>\$55</b>	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: MEVL LLC			· <u></u>
		(	b)	
<b>5</b> . (2	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(		iling address of limited liability company: Note: MAY BE POST OFFICE BOX
	1004 Bichara Blvd		4021 Wate	erfront Pkwy
	The Villages, FL 32159		Orlando, F	L 32806
	11/19/13		L13000161	939
3.	Date of filing/registration in Florida	4.	D	ocument number
5. (	a)			
J. (	Registered Agent and Registered Office shown on the records	of the Florid	la Dept, of State:	
	Tomer J Taggart			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES	. <del>2</del> 5	<b>5 5</b>
	926 Aragon Ave			SEP SEP
	Winter Park	32789	<del></del>	Z4
		rL	<del></del>	LED 24 PM
(t	o)	_		2. 2. 2. 3. 4. 2. 3. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office a	ddress:	): 27 RIGA
	Pearson Bitman			7 7
	NEW Registered Office Address:			
	485 N. Keller Rd Suite 401	<del>.</del>		
	Maitland , I	FL_32751	l	
the c agen was/	e limited liability company is not organized under the hange or changes are made, the Florida street address t will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the reg liability of s of the lind he limited	istered office as company, it is he mited liability o	nd the business office of the registered ereby confirmed that the change(s) company or as otherwise provided in any.
I he prov the o to me	nature of a member or authorized representative of a member reby accept the appointment as registered agent and a isions of all statutes relative to the proper and comple bligations of my position as registered agent as provide reflect a change in the registered office address, and in writing of this change.		Pi	rinted or typed name of signee