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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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2016 MAR -8 A II: 54 SECRETARY OF STATE ALL AHASSEE, FLORIDA

HWY O J SOLE

COVER LETTER

Registration Section

TO:

INHS18 (2/14)

Division of Corporations		
SUBJECT: Royal Meridian Name of	Group 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 r	natter to the following:	
Marcelo Schamy Name of Person		
Name of Person		
Firm/Company		
//200 8: 01 / 01		
4770 Biscayne Blvd., Suit	<u>4 /280</u> = ==================================	
Address		
Miami, Fl 33/37 City/State and Zip Code	SECRETARY OF STATE ALLAHASSEE, FLORIDA Treport notification)	
City/State and Zip Code	SER CY CO	المعاددة المادية
	Fig. A) 6 p
E-mail address: (to be used for future annual	report notification)	~
E man address. (to be used for fathic annual	P E	
For further information concerning this matter, ple	ease call:	
Marcelo Schamy	at (<u>305</u>) <u>450 - 622 0</u> Area Code & Daytime Telephone Number	
Name of Person	Area Code & Daytime Telephone Number	r
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327	
Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following an	nount:	
\$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 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. 110	ame of the limited liability company:	neridian	Group LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		- — 115	:000577)3
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Harreto Erickson . Scha	my. PA	
J. (4)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of S	tate:
	4770 Biscayne Blvd. Svite Registered Office Address (MUST BE FLORIDA STREET)	1280	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	ZOUG ZOUG
	Miami , FL	12/23	ARE IN
		<u> </u>	- SSR o
(b)	Marcelo Schamy		1-8 A II: 5u TARY ST STAIL ASSEE. FLORIDA
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	- A III
			85E 52
			<u> </u>
	NEW Registered Office Address:		
	4770 Biscayne Blvd., Svite	1280	<u> </u>
	<u>Miami</u> , FL	<u> </u>	<u> </u>
If the li	mited liability company is not organized under the law	ws of the State of I	Florida, it is hereby confirmed that after
the cha	nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia	the registered off ability company.	ice and the business office of the registered t is hereby confirmed that the change(s)
	ere authorized by an affirmative vote of the members of	of the limited liabi	lity company or as otherwise provided in
was/we	-1 16	11 14 1 11 - 1 11 12	
was/we the arti	cles of organization or the operating agreement of the	A .	
the arti	cles of organization or the operating agreement of the	A .	
Signat	cles of organization or the operating agreement of the ure of a member or authorized representative of a member	Here	Printed or typed name of signee
Signat	cles of organization or the operating agreement of the	Here	Printed or typed name of signee
Signat Signat I herel provisithe oblito mere notified	cles of organization or the operating agreement of the ure of a member or authorized representative of a member	Here	Printed or typed name of signee

FILING FEE: \$25.00