

1/12/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L150000058820

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

From:

Account Name : BUSINESS FILINGS
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Fax Number : (608)827-5501

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Email Address: agent@bizfilings.com

**LLC REGISTERED AGENT CHANGE
MERIT MULTI COMMUNICATIONS L.L.C.**

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Corporate Filing Menu

D. SCOTT
JAN 13 2017

H170000113223

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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: Merit Multi Communications L.L.C.
2. (a) Principal office address of limited liability company: 2260 University Blvd. North Apartment 32
(Note: MUST BE STREET ADDRESS) Jacksonville, Florida 32211
- (b) Mailing address of limited liability company: 2260 University Blvd. North Apartment 32
(Note: MAY BE POST OFFICE BOX) Jacksonville, Florida 32211
- 4/2/2015 L15000058820
3. Date of filing/registration in Florida
4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:	<u>BUSINESS FILINGS INCORPORATED</u>
Registered Office Address:	<u>2260 University Blvd N</u> <u>Jacksonville, FL 32211</u>
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:	<u>Sabrina Brooks</u>
NEW Registered Office Address:	<u>2260 University Blvd N Apt 32</u>
<u>(MUST BE FLORIDA STREET ADDRESS)</u>	<u>Jacksonville FL 32211</u>

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.

Sabrina Brooks
Signature of a member or authorized representative of a member

Sabrina Brooks, Member

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 605, F.S. Or, if this document is being filed to thereby reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Sabrina Brooks
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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