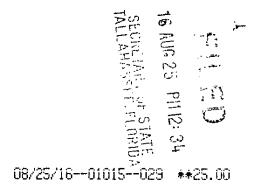
## L16000146613

(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: MERCHANTS NON 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:
•
CECPLIA TACKSON
Name of Person
MERCHANIS NOW Firm/Company
P.O. BOX 39605  Address
Tond lander dely FL, 33339 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cece/A Ac/C5 M at (754) 234-988./ Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:  MAILING ADDRESS:  Projection Section
Registration Section Registration Section Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314
Tallahassee, Florida 32301
Enclosed is a check for the following amount:
\$25 Filing Fee  \$55 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. N	ame of the limited liability company: MERCHANTS NOW LLC.
2. (a)	(6423 SW 275T (b) P.O. BOX 39605
. ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	MINAMAR FL 33027 Ford landerdal, FL 33389
3. 5. (a)	Date of filing/registration in Florida  L/600/466/3  Document number  CECPIA MAICSM  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	MINAMAN, FL 33027  1317 SAVINDA (ECETIA JACK)
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	NEW Registered Office Address:  1317 SOAVION DR  1807 JOHN Landardal, FL 33068
	1 Vorth landordal, FL 33068
the ch agent was/w the art	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cicles of organization of the operating agreement of the limited liability company.    Colin   A G C   C C C C C C C C C C C C C C C C C
provis the ob to thei notifie	eby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the signs of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed rely reflect a change in the registered office address. I hereby confirm that the limited liability company has been are of Registered Agent.

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