

217000034660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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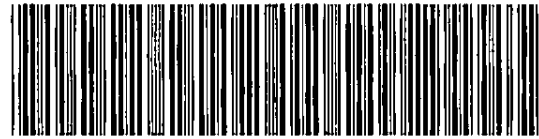
(Business Entity Name)

(Document Number)

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n SCOTT
OCT 16 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEG USA

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:

Alexander Klar

Name of Person

MEG USA

Firm/Company

79 SW 12th St, Suite 1010

Address

Miami, FL 33130

City/State and Zip Code

bernadette@meghealth.us

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

For further information concerning this matter, please call:

Bernadette O'Connell

at (917)

449-0395

Name of Person

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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TALLAHASSEE, FLORIDA

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.

2. (a) 79 SW 12th St Miami

(b) 79 SW 12th St

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Suite 1010

Miami, FL 33130

L17000034660

4. Document number

5. (a) Bernadette O'Connell

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

7773 SW 94th Ln

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Miami FL 33156

(b) Alexander Klar

Enter name of NEW Registered Agent and/or NEW Registered Office address

79 SW 12th St

NEW Registered Office Address:

Suite 1010

Miami FL 33130

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.

Alexander Klar

Printed or typed name of signee

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 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

FILING FEE: \$25.00