

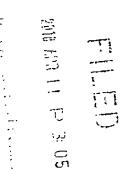
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

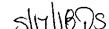
Office Use Only



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05/11/18--01007--010 **25.00





COVER LETTER

TO: Registration Section Division of Corporations	
MEYSPRING LLC SUBJECT:	
Nai	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	nis matter to the following:
Mey Ling Marrero Perez	
Name of Person	
Firm/Company	
900 West Ave #1005	
Address	
Miami Beach, FL 33139	
City/State and Zip Code	
mnm.research000@gmail.com	
E-mail address: (to be used for future an	nual report notification)
For further information concerning this matter	r. please call:
Mey Ling Marrero Perez	917 2747879 at ()
Name of Person	
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	g 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 Na	MEYSPRING me of the limited liability company:	LLC				
	900 West Ave #1005		900 We	st Ave #1005		
2. (a)	Principal office address of limited liability company. (<u>Note: MUST BE STREET ADDRESS</u>) Miami Beach, Florida	- '		Mailing address of limited (Note: MAYBE POST) Beach, Florida		
	33139	_	33139			
	05/15/2017		23-80172	275387-1		
3.	Date of filing/registration in Florida LEGALINC CORPORATE SERVICES INC.	4.		Document number		
5. (a)	Registered Agent and Registered Office shown on the records of the 5237 SUMMERLIN COMMONS	ne Flori	da Dept, of Stat	- e·		
	Registered Office Address (MUST BE FLORIDA STREET A SUITE 400	DDRES	<u>(S)</u>	<u>.</u>		 .
	FORT MYERS FL.	3390	7	_	ر 	- 11
(b)	Mey Ling Marrero Perez Enter name of NEW Registered Agent and/or NEW Registered 900 West Ave	Office a	ddress'	-	r :: 0:	
	NEW Registered Office Address: #1005			_		
	Miami Beach	3313	9	_		
the cha agent v was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	the reg bility f the li limited	gistered offic company, it mited liabili I liability cou	e and the business off is hereby confirmed th ty company or as othe	fice of the rat the cha	registered ange(s)
Signa	iture of a nember or authorized representative of a member	_		Printed or typed name of	l'signee	
provisi the obt to mer	by accept the appointment as registered agent and agra- ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change.	ee to a perfor. I for in pereby	ct in this cap mance of my o Chapter 60 confirm that	oacity. I further agree duties, and I am fami 5, F.S. Or, if this doci the limited liability co	to compl liar with a ument is b ompany h	y with the and accept being filed as been
Signatu	ire of Registered Agent					
	Division of Corporations P.O. B			ssee, FL 32314		