117000158598

(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



600323780896

01/28/19--01048--005 **25.00

JAN 28 AN ED: 20
AN AN EB 0.8 2019
FEB 0.8 2019

S. YOUNG

COVER LETTER

	Registration Section Division of Corporations					
	FELIX MERITIS CAPITAL F	PARTNI	ERS, LLC			
SUBJEC		ne of Lin	nited Liability Company			
Dear Sir	or Madam:					
The encl	losed Registered Agent/Registered Off	ice Chan	ge and fee(s) are submitted for filing.			
Please re	eturn all correspondence concerning th	is matter	to the following:			
Cheryl-	Dene Spring					
	Name of Person		— V			
Sobi La	aw Group. PLLC					
-	Firm/Company		 			
7900 N	lova Drive, Suite 205					
	Address		·····			
Davie f	FL 33324					
	City/State and Zip Code					
cdsprin	g@sobilaw.com					
E-r	mail address: (to be used for future and	nual repoi	rt notification)			
For furth	ner information concerning this matter	, please c	all;			
Cheryl-	Dene Spring	at (954-380-8778			
	Name of Person		Area Code & Daytime Telephone Number			
 - -	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, 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			
INHS18 (2-14)					

Ole

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. 8	lame of the limited fiability company: FELIX MERI	HS CAPI	TAL PARTNERS, LLC		
2. (a)	7000 Nous Drivo		7900 Nova Drive		
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company; (Note: MAY BE POST OFFICE BOX)	
	Suite 205	Ş	Suite 205		
	Davie, FL 33324		Davie, FL 33324		
	7/25/2017	L ⁻	L17000158598		
.3.	Date of filing/registration in Florida	- 4.	Document number		
5. (a	CHARLETON, DANIEL H				
<i></i> (u	Registered Agent and Registered Office shown on the records of	the Florida De	ept. of State:	19	
	Registered Office Address (MUST BE FLORIDA STREET). 2126 NW 75TH WAY		JAN 28 AM 10: 28		
	HOLLYWOOD, FL 33024	4			
(b)	CHERYL-DENE SPRING			0: 28	
, .	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	<u>~</u> :		
	7900 NOVA DRIVE, SUITE 205				
	NEW Registered Office Address:				
	DAVIE				
	FL	33324			
the changent was/w the art Signa I here provis the obtainment of the control of t	limited liability company is not organized under the lay 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 of icles of organization or the operating agreement of the dune of a member or authorized representative of a member of the appointment as registered agent and agrifications of my position as registered agent as provided by reflect a change in the registered office address. If a first of Registered Agent.	the register ability comp of the limite limited fiab	red office and the business office pany, it is hereby confirmed that d liability company or as otherwility company. Printed or typed name of s	re of the registered the change(s) vise provided in	

FILING FEE: \$25.00