

L18000172363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

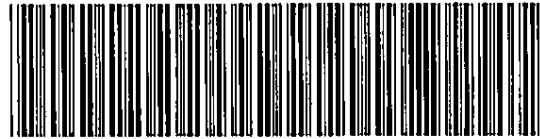
(Business Entity Name)

(Document Number)

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2019 AUG 20 AM 10:47

SECRETARY OF STATE  
TALLahas, OK 74304-1874

V. SULKER

AUG 28 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MERAN AUTO EXPORT, 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:

WILKINS MERAN

Name of Person

Firm/Company

1671 W FAIRWAY RD

Address

PEMBROKE PINES FL 33026

City/State and Zip Code

WILKINSMERAN3@GMAIL.COM

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

For further information concerning this matter, please call:

WILKINS MERAN at ( 754 ) 230-1483  
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

**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. Name of the limited liability company: MERAN AUTO EXPORT, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

250 GATE RD #151, HOLLYWOOD FL 33024

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

250 GATE RD #151, HOLLYWOOD FL 33024

7/17/2018

L18000172363

3. Date of filing/registration in Florida

4. Document number

5. (a) JOSELYN RAMIREZ

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

250 GATE RD #151

HOLLYWOOD, FL 33024

(b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

WILKINS MERAN

**NEW** Registered Office Address:

1671 W FAIRWAY RD

PEMBROKE PINES, FL 33026

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.

JOSELYN RAMIREZ  
Signature of a member or authorized representative of a member

JOSELYN RAMIREZ  
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.*

JOSELYN RAMIREZ  
Signature of Registered Agent

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2019 AUG 20 AM 10:47  
TALLAHASSEE, FL  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS