M9000159478

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

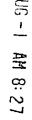
Office Use Only



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08/01/22--01009--025 **25.00







COVER LETTER

Division of Corporations	•	
SUBJECT: Mercy Day Cud Name of Limited Lie	Stay L L C ability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and t	fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the fe	ollowing:	
JOSN Corriveau Name of Person	<u>1</u>	
Mercy's Play and Stay Firm/Company		
109 Hughes Street NF.	2022 AUG - 1	
Fort Walton Beach, FL. City/State and Zip Code	32548	
E-mail address: (to be used for future annual report notified	cation)	
For further information concerning this matter, please call:		
Josh Corrivady at (850 Name of Person) 217 - 1455 Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount:		

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

INHS18 (2/14)



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	me of the limited liability company: Morcy's Play and Stay, LLC
		/ (b)/
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		109 Hughes Street NE 109 Hughes Street NE
		Ft. Walton Beach, FL 32548 Fort Walton Beach, FL 32
		6/17/19 119000159478
3.		Date of filing/registration in Florida 4. Document number
5.	(a)	SuzeHeL, McPherson
	` '	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
		100 A 105h
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
		100 9 Man 1 1008 Stable Lane \$
		The Walton Beach, FL 225/18 32547
	(b)	
		Enter name of NEW Registered Agent and/or NEW Registered Office address:
		-: 27
		NEW Registered Office Address:
		109 Hughes Stroot NF
		Ft. Walton Beach FL 32545
cha	inge ent v	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered vill 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
the	arti	cles of organization or the operating agreement of the limited liability company.
<u>S</u>	igna	ture of Amember or authorized ropresentative of a member To SN Corrivacy Printed or typed name of signee
pro the to	ovisi obl mere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the only of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change.
Sig	natú	re of Registrated Agent)

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