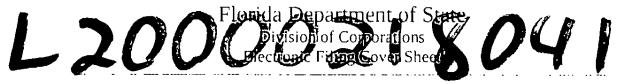
Division of Corporations



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(((H24000038293 3)))



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To:

Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

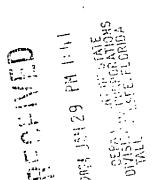
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Fax Number

: (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			
CIIIDALA	AUUIESS.			



## LLC REGISTERED AGENT CHANGE MERRICK LANE, LLC

Certificate of Status	0
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1/29/2024 08.01:13 PSI<sub>2</sub> . To: 18506176383 Page: 2/2 From: Registered Agents Inc Fax: 8134365206

## 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 Standes, 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.

L Na	ame of the limited liability company. MERRICK LANE, L	LC	
2. (a)		(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)	
	07/29/20		218041
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	SHEFTEL MARTIN		
J. (III	Registered Agent and Registered Office shown on the records of th		
	Registered Office Address	<del></del>	
	1777 BLOUNT RD #511		
	POMPANO BEACH . FL		
(b)	Northwest Registered Agent LLC	2024 JAN 2 SECOL AN	
•	Enter name of NEW Registered Agent and/or NEW Registered C	— A 2 P	
	7901 4th St N	SSE P	
	NEW Registered Office Address:		
	STE 300	<b>_</b>	
	St. Petersburg	33702	
the cha agent v was/wi	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liabere.	he registered o pility company the limited lia	iffice and the business office of the registered , it is hereby confirmed that the change(s) bility company or as otherwise provided in
Signa	ture of a member or authorized representative of a member	- Hat Simul	Printed or typed name of signee
There provisi the obi to mer	by accept the appointment as registered agent and agreions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change.  Taylor Newman - Assistant Sec	performance of for in Chapter creby confirm i	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been

Signature of Registered Agent