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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	Meghan Conway LLC		
		Name of Limited Lia	ibility Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered	Office Change and f	ee(s) are submitted for filing.
Please	return all correspondence concerning	g this matter to the fo	ollowing:
Megha	n Conway		
	Name of Person		_
Megha	n Conway LLC		
	Firm/Company		
184 SE	Wells Drive		
<u> </u>	Address		
Stuart,	FL, 34996		
	City/State and Zip Cod	le	_
meghai	nconwayre@gmail.com		
Ī	-mail address: (to be used for future	annual report notific	cation)
For fu	ther information concerning this mat	ter, please call:	
Megha	n Conway	772 at (285-3225
	Name of Person	at \	Area Code & Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the follow	ing amount:	
	■ \$25 Filing Fee	□ \$5:	5 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.

i) _	184 SE Wells Drive, Stuart FL 34996		(b) 18	84 SE Wells Drive, Stuart FL 34996	
, <u>-</u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	7/26/2021			1000336478	
	Date of filing/registration in Florida	— 4.		Document number	
,	UNITED STATES CORPORTATION, INC.				
a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	Registered Office Address (MUST BE FLORIDA STREET) 5575 S. Semoran BLVD 36	' ADDRE	SS)		
	Orlando	, 32822	-	2021 SEP -7	
	. F	L		S T	
(b)	Meghan Conway			1 :	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office	iddres	PH 2:	
	NEW Registered Office Address:				
	184 SE Wells Drive				
	Stuart	34996			
ige it w we intic	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited last authorized by an affirmative vote of the members cless of organization or the operating agreement of the member of a member or authorized representative of a member	e registe iability of of the li e limited	red o compa mited Hiabi	office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided it	
isio bli ere	by accept the appointment as registered agent and agents of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing of this change.	ree to a e perfori ed for in hereby	ct in t nance Chap confit	this capacity. I further agree to comply with a re of my duties, and I am familiar with and acc pter 605, F.S. Or, if this document is being fi irm that the limited liability company has been	

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