

L21 000518182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

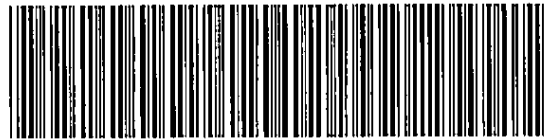
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/15/23--01012--020 **25.00

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920A Kennedy Drive
Key West, FL 33040

Date: 5/09/2023
Number of pages including cover sheet

To: Division of Corporations

From: JOHN MOEN

To whom it may concern,

Please process the enclosed entity resolution as submitted.

Any questions, please contact me at 305-453-6642.

Thank you

John Moen E.A. CAA

Liberty Tax Phone #1-305-453-6642

Liberty Tax Fax #1-305-328-6618

CC:

Remarks: Urgent For your review Reply ASAP Please Comment

This message is intended only for the use of the recipient and may contain information that is confidential or privileged. If you receive this communication in error, please call us at 1- 305-453-6642 and return the original and all copies to us by mail. Reimbursement of your postage expense is assured. Thank you.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MERCIL 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:

JOHN MOEN
Name of Person

LIBERTY TAX
Firm/Company

920A KENNEDY DRIVE
Address

KEY WEST FL 33040
City/State and Zip Code

SERVICE.KW@LIBTAXPREP.COM
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN MOEN at (305) 453 6642
Name of Person 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:

☒ \$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: MERCH, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

920A KENNEDY DRIVE

920A KENNEDY DRIVE

KEY WEST FL 33040

KEY WEST FL 33040

12/08/2021

L21000518182

3. Date of filing/registration in Florida

4. Document number

5. (a) BEST OPTIONS LLC

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

115 NE 4TH AVENUE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 122

DELRAY BEACH

FL 33483

(b) LIBERTY TAX

Enter name of NEW Registered Agent and/or NEW Registered Office address:

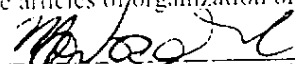
NEW Registered Office Address:

920A KENNEDY DRIVE

KEY WEST

FL 33040

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.


Signature of a member or authorized representative of a member

MARIE-JOSEE MERCIL

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 effect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent

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