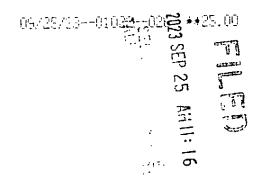


| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| umils                                   |  |  |  |  |  |

Office Use Only



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## **COVER LETTER**

1 N 4

INHS18 (2/14)

| TO:    | Registration Section Division of Corporations  |                                |  |  |  |  |
|--------|--|--------------------------------|--|--|--|--|
| SUBJI  | Nicholas P. Merriweathe  | Nicholas P. Merriweather, PLLC |  |  |  |  |
|        | Name of Limited Liability Company  |                                |  |  |  |  |
| Dear S | ir or Madam:   |                                |  |  |  |  |
| The er | nclosed Registered Agent/Reg   | istered Office Change and      | fee(s) are submitted for filing.   |  |  |  |
| Please | return all correspondence cor  | neerning this matter to the    | following:   |  |  |  |
| Nichol | as P. Merriweather   |                                |  |  |  |  |
|        | Name of Pe   | Tson                           | <del></del>  |  |  |  |
| Nichol | as P. Merriweather, PLLC   |                                |  |  |  |  |
|        | Firm/Comp  | any                            | _  |  |  |  |
| 6000 S | . Florida Avenue, #7592  |                                |  |  |  |  |
|        | Address  |                                |  |  |  |  |
| Lakela | nd, FL 33813   |                                |  |  |  |  |
|        | City/State and 2   | Zip Code                       |  |  |  |  |
| Nick@  | AttomeyNPM.com   |                                |  |  |  |  |
| 1      | E-mail address: (to be used for  | future annual report notif     | ication)   |  |  |  |
| For fu | rther information concerning   | this matter, please call:      |  |  |  |  |
| Nichol | as P. Merriweather   | 833<br>at (                    | 288-9676   |  |  |  |
|        | 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  | e 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.

| 2. (a)                        | Nicholas P. Merriweather  |   |  |  |  |
|-------------------------------|---|---|--|--|--|
| (,                            |   |   | (b) Nicholas P. Merriweather                                 |  |  |
|                               | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)   |   | (*)  | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)   |  |
|                               | 212 E. Pine Street, Suite #2  |   | 6000 S. I  | Florida Avenue, #7592  |  |
|                               | Lakeland, FL 33801<br>09/15/2022  |   | Lakeland, FL 33813<br>L22000403336                           |  |  |
|                               |   |   |  |  |  |
| 5. (a)                        |   |   |  |  |  |
| ()                            | Registered Agent and Registered Office shown on the records of  | f the Flo                               | rida Dept. of St   | tate:  |  |
|                               | Nicholas P. Merriweather  |   |  | 702  |  |
|                               | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  |   |  | 7023 SEP 25  |  |
|                               | 6000 S. Florida Avenue, #7592   |   |  | 2  |  |
|                               | Lakeland  | 33813                                   | }  | - 5 · 17 · 17 · 17 · 17 · 17 · 17 · 17 ·   |  |
|                               | Nil I B. W. i   |   |  |  |  |
| (b)                           | Nicholas P. Merriweather  |   |  | - 6  |  |
|                               | Enter name of NEW Registered Agent and/or NEW Registere   | 200 - 1                                 |  |  |  |
|                               |   |   |  |  |  |
|                               | NEW Registered Office Address:  |   |  | _  |  |
|                               | 212 E. Pine Street, Suite #2  |   |  |  |  |
|                               | Lakeland  | . 3380                                  |  |  |  |
|                               | F   | L                                       |  | <del></del>  |  |
| change<br>agent v<br>was/wo   | imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited learn authorized by an affirmative vote of the members class of organization or the operating agreement of the | e regist<br>iability<br>of the          | ered office a<br>company, it<br>limited liabil               | and the business office of the registered<br>is hereby confirmed that the change(s)<br>ity company or as otherwise provided in   |  |
| flech                         | das & Merono nally  | N                                       | licholas P. Me   | erriweather  |  |
| Eigna                         | ture of a member or authorized representative of a member   |   |  | Printed or typed name of signee  |  |
| provisi<br>the obl<br>to merc | by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I in writing of this change.                                    | gree to de perfoi<br>ed for i<br>hereby | net in this ca<br>mance of my<br>n Chapter 60<br>confirm tha | pacity. I further agree to comply with the<br>y duties, and I am familiar with and accept<br>95, F.S. Or, if this document is being filed<br>at the limited liability company has been |  |