

L 24 0000 414 41

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

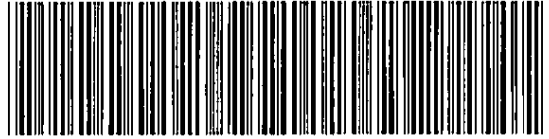
(Business Entity Name)

(Document Number)

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2024 FEB 13 PM 2:47  
FBI - TAMPA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MERIDIAN PALM PARTNERS 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:

Michael Serrano

Name of Person

ZenBusiness Inc.

Firm/Company

336 E. College Ave. Suite 301

Address

Tallahassee, FL 32301

City/State and Zip Code

ra@zenbusiness.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Serrano

844

493-6249

at ( )

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

2014 FEB 13 PM 2:47  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

**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: MERIDIAN PALM PARTNERS LLC
2. (a) 6207 SOUTH WEST SHORE BOULEVARD APT 5034  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
TAMPA, FL 33616
- (b) 6207 SOUTH WEST SHORE BOULEVARD APT 5034  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
TAMPA, FL 33616
3. 01/22/2024 Date of filing/registration in Florida
4. 1.24000041441 Document number
5. (a) ANDERSON, JOHN  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
6207 SOUTH WEST SHORE BOULEVARD APT 5034  
Registered Office Address (ST BE FLORIDA STREET ADDRESS)  
Tampa, FL 33616
- (b) ZenBusiness Inc  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
336 E. College Ave. Suite 301  
**NEW Registered Office Address**:  
Tallahassee, FL 32301

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.

/s/ John Anderson

Signature of a member or authorized representative of a member

John Anderson

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 reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in*

John Anderson  
Signature of Registered Agent

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