M05000004594

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





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FILED

OTDECII PH 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



ACCOUNT NO. : 072100000032

REFERENCE (://353107 7499551 AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE: December 10, 2007

ORDER TIME : 9:57 AM

ORDER NO. : 353107-045

CUSTOMER NO: 7499551

CHANGE OF AGENT

NAME: MERITAS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Kelly Courtney

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limite	d liability company is:	MERITA:	S, LLC	•
2. The mailing address of	the limited liability co	ompany is :		
3000 West Cypress C	reek Road, Fort La	uderdale, F	L 33309	
August 17, 2005		M05000004594		
3. Date of filing/registration in Florida			4. Document number	
5. The name of the registe Florida Department of S	State:			the records of the
	Stacy	L Gordon, I	esq.	٠
	3000 West (Name Cypress Cre	ek Road	TOEC 11 PH 1: 22 TALLAHASSEE, FLOR
		Address		PRO C
Fort Lauderdale, FL 33309 City, State and Zip				NA TO
< TO 1 11	• •	•		EKO P
6. The name and address of	of the new registered a	gent and/or o	ffice:	E.C.
	Corporation	Service Co	ompany	85 K
	1201	Name Hays Stree	t	P
, -	Florida street address	s (P.O. Box N	NOT acceptable)	
	Tallahassee	FL	32301	
	City, S	State and Zip		
If the limited liability com confirmed that after the ch and the business office of liability company, it is her of the members of the lim or the operating agreemen	ange or changes are managed are managed the registered agent when the confirmed that the cited liability company	nade, the Flor ill be identica cchange(s) w or as otherw	ida street address of l. Or, in the case of as/were authorized	the registered office f a Florida limited by an affirmative vote
(Signature of a member or authori	zed representative of a member	er)		
Stacy L. Gord	٥٨			
(Printed or typed name of signce)				
I hereby accept the appoil comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	X			ncity. I further agree to formance of my duties, ent as provided for in 1 the registered office vriting of this change.
(Signature of Registered Agent)				
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314				

FILING FEE: \$25.00

INHS18 (8/05)