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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045 Phone : (302)645-7400 Fax Number : (302)645-1280

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: merkhol.lc@gmail.com

## LLC REGISTERED AGENT CHANGE MERKBAN HOLDING LLC

Certificate of Status	0
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## 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 limit	ed liability company: MERKBAN I	HOLDING LL	<u> </u>	
		(h)		
Principal c	office address of limited liability company: e: MUST BE STREET ADDRESS;		Mailing addres	s of limited liability company; (RE POST OFFICE BOX)
4840 NSR7	JNIT 108 COCONUT CREEK FL		6574 NSR7 UNIT 42	29 COCONUT CREEK FL
33073		<del></del>	33073	
12/02/2015		N	115000009666	
<ol> <li>Date o</li> <li>(a) ANDREA PARE</li> </ol>	f filing/registration in Florida EDES	4.	Document n	number
Registered Agent a	nd Registered Office shown on the records STATE RD 7 UNIT 108	s of the Florida L	Dept. of State:	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			<b>2025 F.E</b> SECOR	
COCONUT CR	EEK	FL_33073		FILE EB-J Allahan
(b) Registered Agent	s inc.			
Enter name of NEV	V Registered Agent and/or NEW Register	red Office addr	<u> </u>	89 <b>89</b>
7901 4th Street i	J, Ste 300			를 <b>8</b>
NEW Registered (	Office Address:			
St. Petersburg	,	FL_33702		
agent will be identical. was/were authorized by	ompany is not organized under the lade, the Florida street address of the Or, in the case of a Florida limited an affirmative vote of the members on or the operating agreement of the Lade of the members of the case of the members of the operating agreement of the Lade of the case o	he registered liability comp s of the limite	office and the business pany, it is hereby confi	office of the registered
	uthorized representative of a member	AND	REA PAREDES	
I hereby accept the appe provisions of all statutes the obligations of my po-	pintment as registered agent und a relative to the proper and complet sition as registered agent as provid te in the registered office address, change.	lad ton in Cha	this capacity. I furthe e of my duties, and I a	m Jamiliar with and accept

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

INHS18 (2/14)