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(((H23000417532 3)))



H230004175323ABC.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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*Enter	the	email	address	for	this	business	entity	to be	e used	for	future
운동 a	nnual	report	mailin	gs.	Enter	business only one	e emaiĺ	addre	ss ple	ase.	**

mail	Address:	

LLC REGISTERED AGENT CHANGE MERCFUEL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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DEC 0 8 5053

K. Brumblay

	COVER LETTER ,							
	on Section of Corporations							
SUBJECT: Mere	cfuel, LLC							
	Na	me of Limited L	iability Company					
Dear Sir or Madai	m:							
The enclosed Reg	istered Agent/Registered Of	Tice Change and	fee(s) are submitted for filing.					
Please return all c	orrespondence concerning th	his matter to the	following:					
Mary Castillo								
	Name of Person		<u></u>					
Registered Agent S	folutions, Inc.							
	Firm/Company							
Corporate Center C	One, 5301 Southwest Pkwy, Ste	: 400						
	Address	· · · · · · · · · · · · · · · · · · ·						
Austin, TX 78735								
	City/State and Zip Code		_					
E-mail addre	ess: (to be used for future an	nual report notifi	cation)					
For further inform	nation concerning this matter	r, please call:						
Mary Castillo		888 at (705-7274					
N	ame of Person	(Area Code & Daytime Telephone Number					
Mailing .	Address:		Street Address:					
	ion Section		Registration Section					
	of Corporations		Division of Corporations					
P.O. Box	: 6327		The Centre of Tallahassee					

Enclosed is a check for the following amount:

□ \$25 Filing Fee

Tallahassee, FL 32314

☐ \$55 Filing Fee & Certified Copy

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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.

. (a)	2780 SKYPARK DR STE 300		(b) 2780 SKYPA	RK DR	STE 300		
, (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mai		ess of limited liab		
	TORRANCE, CA 90505		TORRANCE	. CA 905	05	<u>.</u>	
	10/17/2022		M2200001599				
	Date of filing/registration in Florida	- 4.		-	number		
. (a)	CORPORATION SERVICE COMPANY	••	<i>D</i> .	, camen	namoer		
	Registered Agent and Registered Office shown on the records of 1201 HAYS ST Registered Office Address (MUST BE FLORIDA STREET)						
	TALLAHASSEE, FI						
(b)	Registered Agent Solutions, Inc.				-	2023	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office :	address:		• • • • • • • • • • • • • • • • • • • •	2023 DEC - 7	٠.,
	2894 Remington Green Ln.						
	NEW Registered Office Address:					H	''
	Ste. A					1: 2:	
	Tallahassee, FI	32308				5	
nange gent v as/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liese authorized by an affirmative vote of the members called of organization or the operating agreement of the	registe ability of of the li	red office and the company, it is he mited liability of	e busine reby co ompany	ess office of the nfirmed that the	ne regis ne char	tered ige(s)
s/	Lawrence Samuels	La	wrence Samuels		Manager		
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee				

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 writing of this change.

Signature of Registered Agent

Mackenzie Hibler, Asst, Secretary