P04000160333

(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:

Office Use Only



600236922176

07/02/12--01016--005 **35.00

to the

THE SECOND STATE OF THE STATE O

.

JUL 0 5 2012 T ROBERTS

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Merlin Law Group, P.A.

Name of Corporation

DOCUMENT NUMBER:

204000160333

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Keona Williams

Name of Contact Person

Merlin Law Group

Firm/Company

777 S Harbour Island Blvd, Suite 950

Address

Tampa, FL 33602

City/State and Zip Code

kwilliams@merlinlawgroup.com

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

For further information concerning this matter, please call:

Keona Williams

813 、229

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change	isions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this is submitted for a corporation organized under the laws of the State of change its registered office or registered agent, or both, in the State of Florida.
	orporation: Merlin Law Group, P.A.
2. The principal office Tampa, FL 3	ce address: 777 S Harbour Island Boulevard, Suite 950
3. The mailing addre	ess (if different):
4. Date of incorporat	tion/qualification: 11/24/04 Document number: P04000160333
	eet address of the current registered agent and registered office on file with the nt of State: (If resigned, enter resigned)
<u>De</u>	ebra L. Penton
77	7 S Harbour Island Blvd, Suite 950
Та	mpa, FL 33602
6. The name and stre (if changed):	eet address of the new registered agent (if changed) and /or registered office
Ke	eona Williams
<u>77</u>	7 S Harbour Island Blvd, Suite 950
Та	P.O. Box NOT acceptable impa, FL 33602
The street address of as changed will be id	f its registered office and the street address of the business office of its registered agent, dentical.
Such change was au authorized by the bo	thorized by resolution duly adopted by its board of directors or by an officer so pard, or the corporation has been notified in writing of the change.
Signature of a	William F MERCIN; Jn. Printed or typed name and title
I hereby accept the	appointment as registered agent and agree to act in this capacity. In the provisions of all statutes relative to the proper and complete duties, and I am familiar with and accept the obligation of my position as registered cument is being filed merely to reflect a change in the registered office address, I the corporation has been notified in writing of this change.
	of Registered Agent June 35 ada
If signing on behalf	of an entity:
Typed o	or Printed Name

* * * FILING FEE: \$35.00 * * *