## 0005278

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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: MERIT RESIDENTIAL, INC. (Name of C	Corporation)	
DOCUMENT NUMBER: P05000065278		
The enclosed Statement of Change of Registered Offic	ee/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
SOPHIE BOUCHENOT (Name of Co	ontact Person)	
MINEOLA CONSULTING, INC (Firm/C	Ompany)	
6900 S. ORANGE BLOSSOM (Add	TRAIL, SUITE 432	
ORLANDO, FL 32809		
, ·	nd Zip Code)	
For further information concerning this matter, please	call:	
SOPHIE BOUCHENOT (Name of Contact Person)	at ( 407 ) 8509707 (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 cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of FLORIDA er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: MERIT RESIDENTIAL, INC.
2. The principal ORLANDO,	office address: 6900 S. ORANGE BLOSSOM TRAIL, SUITE 432 , FL 32809
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: MAY 2, 2005 Document number: P05000065278
	d street address of the current registered agent and registered office on file with the rtment of State:
	PAUL CAMP LANE
	7087 GRAND NATIONAL DRIVE, SUITE 100
	ORLANDO, FL 32819
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	MINEOLA CONSULTING, INC.
	6900 S. ORANGE BLOSSOM TRAIL, SUITE 432
	(P.O. Box NOT acceptable) ORLANDO, FL 32809
The street addr as changed wil	ress of its registered office and the street address of the business office of its registered agent, l be identical.
Such change wauthorized by t	he board, or the corporation has been notified in writing of the change.
JL (Signal	PAUL CAMP LANE, DIRECTOR  (Printed or typed name and title)
I further agree of my duties, as document is be	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance nd I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the is been notified in writing of this change.
X	Agriculture of Registered Agent)  X 419167
If signing on b	ehalf of an entity:
SOPHIE BO	(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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