

P08000035104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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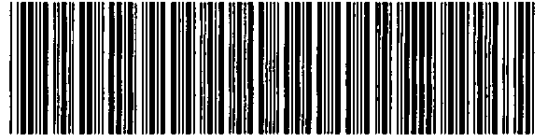
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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10-9-09  
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MERRITT REPORTING SERVICE  
Name of Corporation

**DOCUMENT NUMBER:** PO8000035104

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:

CHANCELOE MERRITT  
Name of Contact Person

MERRITT REPORTING SERVICE  
Firm/Company

POST OFFICE BOX 821213  
Address

PEMBROKE PINES FL 33082  
City/State and Zip Code

MERRITREPORTING@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHANCELOE MERRITT at ( 305 ) 379-3600  
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**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MERRITT REPORTING SERVICE, INC.
2. The principal office address: 9100 SOUTH DADELAND BOULEVARD SUITE 1500  
MIAMI, FLORIDA 33156
3. The mailing address (if different): POST OFFICE BOX 821213 PEMBROKE PINES FL 33082
4. Date of incorporation/qualification: 4/2008 Document number: P08000035104

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CHANCELOR MERRITT

12401 SW 134TH STREET SUITE 12

MIAMI FLORIDA 33186

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CHANCELOR MERRITT

9100 SOUTH DADELAND BOULEVARD SUITE 1500

P.O. Box NOT acceptable

MIAMI, FLORIDA 33156

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Chancellor Merritt, President  
Signature of an officer or director

CHANCELOR MERRITT PRESIDENT  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Chancellor Merritt, President  
Signature of Registered Agent

9/26/2009  
Date

If signing on behalf of an entity:

CHANCELOR MERRITT

Typed or Printed Name

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

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

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**TALLAHASSEE, FLORIDA**