P0900034487

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJ	TECT:	Meerkat, Inc.	ion		
		Name of Corporat	ion		
DOC	UMENT NUMBER:	P090000	34487		
The en	nclosed Statement of Change of Reg	istered Office/Agen	t and fee are submitted for filing.		
Please	e return all correspondence concernir	ng this matter to the	following:		
Lawrence G. Walters, Esquire					
		Name of Contact Pe	erson		
Walters Law Group					
		Firm/Company	<u> </u>		
		195 W. Pine A	ve		
Address					
Langwood FL 32750-4104					
	Longwood, FL 32750-4104 City/State and Zip Code				
	E-mail address: (to b	e used for future a	nnual report notification)		
For fu	orther information concerning this ma	atter, please call:			
	Lawrence G. Walters, Esq	uire	407 \ 975-9150		
	Name of Contact Person	at (at	407 975-9150 Area Code & Daytime Telephone Numb	er Der	
			·		
Enclo	sed is a \$35.00 check made payable	to the Department o	f State.		
	Mailing Address:	·•	Street Address:		
	Amendment Sec		Amendment Section		
	Division of Corp P.O. Box 6327	orations	Division of Corporations Clifton Building		
	r.U. DUX 0341		Chilon Dunding		

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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

statement of chang	evisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this estated for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the	corporation: Meerkat, Inc.	
	fice address: 1767 Lakewood Ranch Blvd. #248, Bradenton, FL 34211-4906	
3. The mailing add	Iress (if different): 195 W. Pine Ave., Longwood, FL 32750-4104	
4. Date of incorpor	ration/qualification: 04/16/2009 Document number: P0900034487	
	treet address of the current registered agent and registered office on file with the nent of State: (If resigned, enter resigned)	
<u>i</u>	awrence G. Walters, Esquire	
7	781 Douglas Ave.	
	Altamonte Springs, FL 32714	
6. The name and state (if changed):	treet address of the new registered agent (if changed) and /or registered office	
1	95 W. Pine Ave.	
P.O. Box NOT acceptable		
Ē	ongwood, FL 32750-4104	
The street address as changed will be	of its registered office and the street address of the business office of its registered agent, e identical.	
Such change was authorized by the	authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.	
Signature o	of an officer or director Printed or typed name and title	
I hereby accept th I further agree to of my duties, and document is being corporation has b	e appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and complete performance lam familiar with and accept the obligation of my position as registered agent. Or, if this filed merely to reflect a change in the registered office address, I hereby confirm that the een notified in writing of this change.	
	6.24.11	
	ure of Registered Agent Date	
If signing on beha	llf of an entity:	
Туре	d 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