

P09000044113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

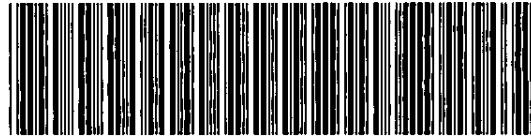
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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Meco Ventures Inc.  
Name of Corporation

DOCUMENT NUMBER: P09000044113

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:

Marcus Phillips  
Name of Contact Person

Meco Ventures Inc.  
Firm/Company

2240 Palm Beach Lakes Blvd. Ste 304  
Address

WPK, FL 33409  
City/State and Zip Code

info@realproperty.pbc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcus Phillips at (561) 252-7365  
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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Meco Ventures Inc.
2. The principal office address: 2240 Palm Beach Lakes Blvd.  
Ste 304 WPB, FL 33409
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 05/19/2009 Document number: PO9000644113
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)

Marcus D Phillips  
2240 Palm Beach Lakes Blvd. Ste 304  
WPB, FL 33409

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

Marcus D Phillips  
5730 Corporate Way Ste. 120  
WPB, FL 33407

P.O. Box NOT acceptable

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.

Marcus Phillips  
Signature of an officer or director

Marcus Phillips 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.

Marcus Phillips  
Signature of Registered Agent

10.21.14  
Date

If signing on behalf of an entity:

MARCUS PHILLIPS  
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 (03/12)