What I

(Requestor's Name)						
hA)	dress)					
(1.14	u1033)					
(Ad	dress)					
(Cit	y/State/Zip/Phon	e #)				
PICK-UP		MAIL				
	•					
(Bu	siness Entity Na	me)				
<del></del>		<u></u>				
(Do	cument Number	)				
Certified Copies	Cartificate	e of Statue				
Certified Copies	_ Certificate	s or otatus				
Consist Instructions to	500 - Officer					
Special Instructions to	Filing Oπicer:					
L.						

Office Use Only

11/709



200162654882

11/13/09--01011--005 \*\*35.00

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Mercier Advisors Inc. Name of Corporation
DOCUMENT NUMBER: <u>PO 90000 7 9 3 6 0</u>
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:
Donna Manicone Name of Contact Person
Mercier Adulsors Inc. Firm/Company
601 Herrfage Drive, # 402 Address
Tup, fer 7L 33458 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Donna Manicone at (585) 256-2600  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

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 chan	rovisions of sections 607.050 ge is submitted for a corpora to change its registered offic	ition organized unde	r the laws of t	the State of _	Florid	<u>a</u>
1. The name of th	e corporation: Merc	ier Aduis	ors I	ñ c		
	ffice address: 601	- 1	Drive	#402	,	
_ Jup	ter, 7L 3345	8				
3. The mailing ad	dress (if different):		<del></del>			
4. Date of incorpo	pration/qualification: 9-2	23-09 Doc	cument numbe	er: <u>PO9</u>	0000 7	9360
	street address of the current rement of State: (If resigned, en		registered offi	ce on file wit	th the	
-	Michael D.	Mercier		······································	<b></b>	
_	530 Ocear	Drive			_	
-	Juno Bea	ch 7L	33408	8	200 TALL	
6. The name and s (if changed):	street address of the new regis	stered agent (if chan	ged) and /or r	egistered offi	TARY O ASSEE	Waters
-	601 Heritag Jupiter, 7.	P.O. Box NOT acceptable	# 402		AM 1:2	Ö
_	Jupiter, 7	L 33458			≫∷ ω -	- `
The street addres as changed will b	s of its registered office and e identical.	the street address o	of the busines	s office of its	s registered a	gent,
Such change was authorized by the	authorized by resolution du board, or the corporation ha	aly adopted by its boas been notified in v	oard of direct writing of the	ors or by an change.	officer so	
Signature	ne Manuse of an officer or director		Don <i>na</i> Printed or ty	Manic ped name and tit	one, VF	>
Corporation has t	he appointment as registered comply with the provisions I am familiar with and acce g filed merely to reflect a ch been notified in writing of th	d agent and agree to of all statutes relat ept the obligation of ange in the register iis change.	o act in this c ive to the pro my position red office add	capacity, sper and com as registered ress, I hereb	plete perforn 1 agent. Or, ny confirm tha	nance if this at the
If signing on beh						
Tyr	ed or Printed Name	<del></del>				

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