P17000063596

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



700333379767

09/03/19--01017--025 **35.00

19 SEP -3 AM 9: 47
SEUNCIAGO OF STATE
AND AND SEPTEMBLE

GEP 1 8 2819 T SCHROEDER

COVER LETTER ,

Division of Corporations	
SUBJECT: MERIDIAN ICS IN Name of C	/e .
Name of C	Corporation
DOCUMENT NUMBER: P170000	063596
The enclosed Statement of Change of Registered Office	ce/Agent and fee are submitted for filing.
Please return all correspondence concerning this matte	er to the following:
ANDRIN T	2M11N
Name of Co	ntact Person
49.717.21.11	20 1/2
Firm/C	es /NC.
121 WESS DRIV Add	TE, SUITE 212
DAYENPORT F	74 33837 nd Zip Code
City/State a	nd Zip Code
ANDREW @ MERIDI	twics.com future annual report notification)
E-mail address: (to be used for the	future annual report notification)
For further information concerning this matter, please	call:
ANDREW TOMKIN	at (863) 438 - 5757
Name of Contact Person	at (863) 438-5757 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depart	rtment of State.
Mailing Address:	Street Address:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

TO: Amendment Section

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

•	•		07.1508, or 617.1508, I under the laws of the	Florida Statutes, this State of FLORIDA
			l agent, or both, in the	
1. The name of the co	rporation:	MERIDIAN	105 INC.	
			RIVE, SUITE.	212
	DA	VENPORT, 1	~ 33837	
3. The mailing address	s (if different):	PS 1	1BOVE_	
4. Date of incorporati	on/qualification: _	07/27/2017	Document number:	P17000063596
		rrent registered agen ned, enter resigned)	t and registered office	on file with the
	Busini	ESS FILINGS	INC.	
	1200 So	UTH PINE IS	LAND RD.	19 \$
			3324	± € Tri •••••
6. The name and stree (if changed):	address of the ne	w registered agent (i	f changed) and /or regi	istered office 51415
	AND	REW TOME	<i>/ / / / / / / / / /</i>	
	121 WEB	B DRIVE, SU	17E 2/2	
			837	
The street address of as changed will be id	its registered offic lentical.	ce and the street add	ress of the business of	ffice of its registered agent,
Such change was aut authorized by the box	horized by resoluti ard, or the corporat	ion duly adopted by tion has been notific	its board of directors ed in writing of the cha	or by an officer so ange.
1.	L		ANDREW TONK	IN PRESIDENT
3	officer or director		rinted or typed t gree to act in this capa	
I further agree to coi performance of my d	mply with the provi luties, and I am fan	isions of all statutes niliar with and acce	relative to the proper	r and complete v nosition as registered
			08/29	12019
•	of Registered Agent		Date	
If signing on behalf of	of an entity:			
MERIDIAN Typed or	Printed Name			
1 yped or	THE TABLE			

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