P3/645

(Requestor's Name)				
(Address)				
(Address)				
(1.00.000)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				

Office Use Only



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SECRETARY OF STATE

MAY 3 1 2010 T. LENHEUX





CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: May 24, 2018

Order#: 202326-178

Re: MERIDIAN FINANCIAL SERVICES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX __ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

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

2. The principal	office address: 1636 Hendersonville F	Road, 135, Asheville, NC	28803
3. The mailing a	ddress (if different): P O Box 1410, A	sheville, NC 28802-141	0
4. Date of incorp	poration/qualification: 10/26/1990	Document num	per: P31645
5. The name and	I street address of the current registered timent of State: (If resigned, enter resigned)	d agent and registered of	
	Corporate Creations Network Inc.		
	11380 Prosperity Farms Road, #221	E	
	Palm Beach Gardens	FL 334	10
6. The name and (if changed):	Corporation Service Company 1201 Hays Street	gent (if changed) and /or	HAY 29 I
	P.O. Box. NOT acceptable		
	Tallahassee	FL 323	101 Sept. 5
as changed will			
Such change was authorized by th	as authorized by resolution duly adopt ne board, or the corporation has been i	ed by its board of direct notified in writing of the	ors or by an officer so change.
X.	el E. CiQnii	Jill Cilmi, Vice Presi	
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered agent of the appointment as registered agent of comply with the provisions of all stands duties, and I am familiar with and is document is being filed merely to rethat the corporation has been notified in Service Company	and agree to act in this of atutes relative to the pro- l accept the obligation of affect a change in the re-	oper and complete If my position as registered gistered office address, I
	nature of Registered Agent		Date
lf signing on be	half of an entity:		
Ami M. Casper,	Asst. Vice President		

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

Typed or Printed Name