## P92UD0005453

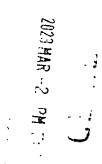
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500397722445

03/02/23--01018--002 \*\*35.00



A' NY 16 2023



CT Corporation 28 Liberty St. New York, NY 10005

Phone (212) 894 8940 www.ct.wolterskluwer.com www.wolterskluwer.com

March 1, 2023

Department of State - Division of Corporations Amendment Section The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

RE: MERIN HUNTER CODMAN INC.

Dear Sir or Madam,

Corpdirect Agents, Inc. provides the agent for service of process in Florida for the above-named company. Please be advised that the agent for service of process has been changed to: C T Corporation System.

Enclosed please find an executed Statement of Change Form and Cover Letter, which will serve to change the agent to: C T Corporation System, 1200 Pine South Island Road, Plantation, FL 33324. Also enclosed is our check for \$35.00 to cover the filing fee.

Please advise us once the agent change has been noted and issue whatever evidence of filing that may be usual. Also, enclosed is a self-addressed envelope for your convenience in replying or you can email me at my email address below.

Thank you,

C T Corporation System

Marie Hauer

Agent Services Division

marie.hauer@wolterskluwer.com

Encl.

## **COVER LETTER**

TO:	Amendment Section Division of Corporations		
SUBJ Name	JECT: MERIN HUNTER CODMAN INC.		
DOC	UMENT NUMBER: P92000005453		
The e	nclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.	
Please	e return all correspondence concerning this	s matter to the following:	
Marie	Hauer		
Name	of Contact Person		
CTC	Corporation System		
Firm/0	Company		
28 Lib	perty St.		
Addre	ess		
New Y	York, NY 10005		
City/S	State and Zip Code		
E-ma	il address: (to be used for future annual	l report notification)	
For fu	rther information concerning this matter, p	blease call:	
Marie	Hauer	at (212 ) 894-8940 Area Code & Daytime Telephone Number	
	Name of Contact Person	Area Code & Daytime Telephone Number	
Enclo	sed is a \$35.00 check made payable to the	Department of State.	
	Mailing Address: Amendment Section	Street Address:	
	Division of Corporations	Amendment Section Division of Corporations	
	P.O. Box 6327	The Centre of Tallahassee	
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.	
The name of     The principal	the corporation: MERIN HUNTER CODMAN INC.  office address: 1601 Forum Place, Suite 700, W. Palm Beach, FL 33401	
_	address (if different):	
4. Date of incor	poration/qualification: 11/13/1992 Document number: P92000005453	
	d street address of the current registered agent and registered office on file with the runent of State: (If resigned, enter resigned)	
	CORPORATE DIRECT AGENTS, INC	
	1200 South Pine Island Road	
	Plantation, FL 33324	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office  C T Corporation System	2023 MAR2
		:5
	1200 South Pine Island Road P.O. Box NOT acceptable	T
	Plantation, Florida 33324	<del></del>
The street address changed will	ess of its registered office and the street address of the business office of its regist be identical.	ered agent,
Such change w	as authorized by resolution duly adopted by its board of directors or by an officer be board, or the corporation has been notified in writing of the change.	so
	Jordan C. Paul, C.E.O  The of an officer of director  Printed or typed name and title	
C I Corporation	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete pad I am familiar with and accept the obligation of my position as registered agent ing filed merely to reflect a change in the registered office address. I hereby confishen notified in writing of this change.	performance Or, if this irm that the
Sig	nature of Registered Agent Date	
If signing on bo	chalf of an entity:	
MARIE H	HAUER, ASST SERY Sped 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 (04/13)

By: