L18000207932

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

TO:	Registration Section Division of Corporations		•			
SUBJI	SALESBOX MARKETING	LLC				
SUDJI		ame of Limite	d Liability Company			
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered O	ffice Change	and fee(s) are submitted for filing.			
Please	return all correspondence concerning	this matter to	the following:			
ANDI	RES D VILLACIS					
•	Name of Person					
SALE	SBOX MARKETING LLC					
	Firm/Company					
9725	NW 117 AVE SUITE 120					
	Address					
MIAN	1I, FL 33178					
	City/State and Zip Code					
sales	boxmarketing@gmail.com					
<u> </u>	-mail address: (to be used for future a	nnual report r	otification)			
For fu	ther information concerning this matte	er, please call				
ANDF	RES D VILLACIS	305	586-8217			
	Name of Person	(Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
	Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee		\$55 Filing Fee & Certified Copy			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pirsuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

l. Na	nme of the limited liability company: SALESBOX N	//ARK	ΕT	ING LLC		
2. (a)	9725 NW 117 AVE SUITE 120 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) 9725 NW 117 AVE SUITE 120			
(/ -			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	MIAMI, FL 33178	_	-	MIAMI, F	EL 33178	
	08/30/2018	-	L	1800020	07932	
3.	Date of filing/registration in Florida	4.	-		Document number	
5. (a)	VILLACIS, ANDRES D					
). (a)	Registered Agent and Registered Office shown on the records of to 7925 NW 117 AVE SUITE 120	he Flori	da I	ept, of State	- ::	
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRE.	<u>SS)</u>		18 OCT	
	MIAMI	3317	3		2	
(b)	VILLACIS, ANDRES D				M 2:51	
. ,	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddr	ess:	· · · · · · · · · · · · · · · · · · ·	
	9725 NW 117 AVE SUITE 120				>	
	NEW Registered Office Address:				•	
	MIAMI, FL	3317	8			
the cha agent v was/wo	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reg ibility f the li	giste con mit	ered office ipany, it is ed liability	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in	
	111	Al	۷D	RES D \	/ILLACIS	
Signat	fure of a member or authorized representative of a member				Printed or typed name of signee	
provisi the obl to merc	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete igations of my position as registered agent as provided ly reflect a change in the registered office address. If it is writing of this change.	ee to a perfor l for in iereby	ct it mar Cli con	n this capa ice of my d apter 605 firm that	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been	

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent