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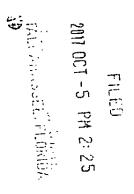
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Consisting of Filler Officer |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

La Marietta Inc

Name of Corporation

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:

Thomas J. Tighe, Esq.

Name of Contact Person

Tucker & Tighe, P.A.

800 E. Broward Blvd. Ste. 710

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

law@tuckertighe.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas J. Tighe, Esq.

at (954) 467-7744 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 Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

LAW OFFICES TUCKER & TIGHE, P.A.

THOMAS J. TIGHE MICHELLE MONTEKIO LEE H. BALLARD STEVEN M. CANTER DANIEL M. BRENNAN JESSICA R. LOKEINSKY

MORRIS C. TUCKER (RET'D)

y to be a

800 EAST BROWARD BOULEVARD SUITE 710 FORT LAUDERDALE, FLORIDA 33301 Phone (954)467-7744/Fax (954)467-7905 E-mail: law@tuckertighe.com www.tuckertighe.com

October 3, 2017

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

VIA REGULAR MAIL

Re: La Marietta, Inc.

Change of Registered Agent

Dear Sir/Madam:

Enclosed please find the Statement of Change of Registered Agent for La Marieta, Inc. and check #157/1 in the amount of \$35.00.

Please do not hesitate to contact our office should you have any questions or concerns.

Very truly yours,

For the Firm

Encl.

F:\SUNITA\SUNBIZ\Cover ltr to Amendment Section - change of registered agent forms for signature.wpd

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

| statement of ch | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this 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 corporation: La Marietta Inc. |
| | office address: c/o Allied Property Management Group, Inc. |
| <u>1711 Wo</u> | rthington Road, Suite 103, West Palm Beach, FL 33409 |
| 3. The mailing | address (if different): |
| 4. Date of incor | poration/qualification: 05/28/1962 Document number: 704101 |
| 5. The name an Florida Depa | d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned) |
| | Becker & Paliakoff, P.A. |
| | 3111 Stirling Road |
| | Ft. Lauderdale, FL 33312 |
| 6. The name and (if changed): | Ft. Lauderdale, FL 33312 d street address of the new registered agent (if changed) and /or registered office. |
| | Tucker & Tighe, P.A. |
| | 800 E. Broward Blvd. Ste. 710 |
| | Fort Lauderdale, FL 33301 |
| | ess of its registered office and the street address of the business office of its registered agent, be identical. |
| Such change was authorized by the | as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change. |
| Muni | re of an officer or director |
| I hereby accept I further agree performance of agent. Or, if th hereby confirm | 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 my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change. |
| Sig | nature of Registered Agent Done |
| | half of an entity: Director |
| Tucker & Ti | |
| T | /ped or Printed Name |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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