## L020000 29003

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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
(,,,,,,,				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 30, 2020

MARC BELL 6800 BROKEN SOUND PKWY NW STE 200 BOCA RATON, FL 33487

SUBJECT: MARC BELL REALTY PARTNERS I. L.L.C.

Ref. Number: L02000029003

We have received your document for MARC BELL REALTY PARTNERS I, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 720A00006923

Octavia L Simmons
Regulatory Specialist II Supervisor

www.sunbiz.org

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJE	CCT: Marc Bell Realty Part Name of Limite	ners I, LLC d Liability Company		
Dear Si	ir or Madam:			
The end	closed Registered Agent/Registered Office Change a	and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to t	he following:		
ma	Name of Person			
Ma	rc Bell Reculty Profiners I, Firm/Company	LLC		
10800 Broken Sound PRIVY NW, Ste 200 Address				
Bec	City/State and Zip Code			
m b e	-ii  am archell. com -mail address: (to be used for future annual report no	otification)		
For further information concerning this matter, please call:				
ma	Name of Person at (54	Area Code & Daytime Telephone Number		
	Mailing Address:	Street Address:		
	Registration Section Division of Corporations	Registration Section		
	P.O. Box 6327	Division of Corporations The Centre of Tallahassee		
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		
		Tallahassee, FL 32303		
	Enclosed is a check for the following amount:			
	□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy		

INHS18 (2/14)

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

Pursuant 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.

		Ity Partners I, LC
2. (a) <u>LOSO O Broken Sound Pktuy Nuc</u> Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )	) (b) _	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
Suite 200		Scute 200
Beca Raton FL 33487		Boca Raton FL 33487
10/30/2002		02000019003
3. Date of filing/registration in Florida	4.	Document number
5. (a) Jo Jean Figueira, ESG. Registered Agent and Registered Office shown on the records of	f the Florida D	ept. of State:
Registered Office Address (MUST BE FLORIDA STREET	iw Address)	
Suite 200		20
	L <u>3348</u> 1	2020 HET 13
(b) Marc Beu		
Enter name of NEW Registered Agent and/or NEW Registere	d Office addre	
6800 Broken Sound Pkwy	NIÜ	<u>= 2</u>
NEW Registered Office Address:		
Suite 200		
Boca Raton F	L <u>3348</u>	7
If the limited liability company is not organized under the la change or changes are made, the Florida street address of th agent will be identical. Or, in the case of a Florida limited I was/were authorized by an affirmative vote of the members the articles of organization or the operating agreement of the	e registered ( iability comp of the limite	office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
	M C	Printed or typed name of signee
Signature of a member or authorized representative of a member	<del></del>	Printed or typed name of signer

Signature of Registered Agent