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SECRETARY OF STATE FALLAHASSEE, FLORID 2016 JUN 23 PM 1: 4

K.SALY EXAMINER JUN 24

COVER LETTER

_	tration Section ion of Corporations	Y . = 10 ¹²	
SUBJECT:	MARQUESAS Name	VENTURES LL C of Limited Liability Company	
Dear Sir or M	adam:		
The enclosed	Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return	all correspondence concerning this r	natter to the following:	
u	Name of Person	<u>se</u>	
mar	QUESAS VENTU	res, LLC	
95	Sombrero BLVD Address	±106	
		•	
MAR	City/State and Zip Code	3050	
	City/State and Zip Code		
E-mail a	reose 1 e bellsour. address: (to be used for future annua	W. NET report notification)	
For further in	formation concerning this matter, plo	ease call:	
W/1/1	Am J Kose	at (56/) 3/2-1432	
	Name of Person	Area Code & Daytime Telephone Number	
CTIN	CET/COURIER ABBRECO	MATHER ADDRESS	
	EET/COURIER ADDRESS:	MAILING ADDRESS:	
-	tration Section	Registration Section	
	ion of Corporations	Division of Corporations P.O. Box 6327	
	on Building		
	Executive Center Circle	Tallahassee, Florida 32314	
l'allai	hassee, Florida 32301		
Enclo	sed is a check for the following ar	nount:	

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

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. Name of the limited liability company: MH Mailing address of limited liability company: Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) 3. Date of filing/registration in I 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) (b) Enter name of NEW Registered Agent and/of **NEW Registered Office address: NEW** Registered Office Address: 330SC If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect accepted in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. Signature of Registered Agent