

L03000033909

(Firm Name)

LAW OFFICES  
ROSE & ROSE, P.A.

PROFESSIONAL ASSOCIATION  
5295 TOWN CENTER ROAD, THIRD FLOOR  
BOCA RATON, FL 33486

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

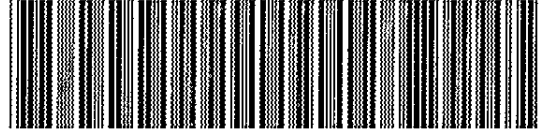
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09/17/03--01018--003 \*\*25.00

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03 SEP 17 AM 8:00  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

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

*Pursuant to the provisions of sections 608.416 or 608.508, 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.*

1. The name of the limited liability company is: MARRELL ENTERPRISES, LLC
2. The mailing address of the limited liability company is: 875 E. Camino Real, #9E  
Boca Raton, Florida 33432

3. Date of filing/registration in Florida September 8, 2003
4. Document number L03000033909

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Florida is Filings, Inc.  
Name  
3732 Northwest 16th Street  
Address  
Fort Lauderdale, FL 33311  
City, State and Zip

6. The name and address of the new registered agent and/or office:

Peter A. Rose, Esq., Rose & Rose, P.A.  
Name  
5295 Town Center Rd., Suite 300  
Florida street address (P.O. Box NOT acceptable)  
Boca Raton FL 33486  
City, State and Zip

SECRETARY OF STATE  
TALLAHASSEE, FL 32304

03 SEP 17 AM 8:00

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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.

Thomas M. Hall MD  
(Signature of a member or authorized representative of a member)

Thomas M. Hall  
(Printed or typed name of signer)

*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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature]  
(Signature of Registered Agent)

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