## . 103000054958

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03-54958

## **COVER LETTER**

<b>▼TO:</b> Registration Section Division of Corporations	
SUBJECT: Marianao UC (Name of Lin	mited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to the following:
JOHNNY ENRIES (Name of Person)	
CHNNY EARLES AND (Firm/Company)	Co. LLC
37 TOWN CENTER,	Loop, Ste. C-9
Sawła Rosa Beach, Fl (City/State and Zip Code)	L 32459
For further information concerning this matter,	, please call:
(Name of Person)	at (850) 5856453 (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

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: Marianao, LLC.
2. The mailing address of the limited liability company is: 37 Town Cewler Loop,
Suite C-9, Santa Rosa Beach, FL 32459
12/22/2013 103.000054958
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
4399 Commons Drive E Stc. 300
Destin Plonda 3254
6. The name and address of the new registered agent and/or office:
Johnny Earles
37 Town Center Loop, Ste. C9 Florida street address (P.O. Box NOT acceptable)
Sawta Rosa Bead-FL 32459  City, State and Zip
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 types name of signee) P. Ea.Rles
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 auties, 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 of Registered Agent)  Division of Corporations P.O. Poy 6327, Tollahosson, FI. 32314
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00