0056196

(Requestor's Name)		
(Add	ress)	
(Address)		
(City)	/State/Zip/Phone	e #)
(5.1).		,
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
!		
}		

Office Use Only



700292297327

11/14/16--01049--002 **25.00

WY 15 FOR RIS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sharon's	Marketing Service LL ne of Limited Liability Company
Nam	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	is matter to the following:
Sharon & Sh Name of Person	aron
Sharon's Mark Firm/Company	eting Service LLC
1962 Turnbull L	akes Dr
New Smyrna Bea City/State and Zip Code	ch, FL 32168
Sharon Sharon abe E-mail address: (to be used for future ann	I south net
For further information concerning this matter,	please call:
Sharon K. Sharon Name of Person	at (989) D8H - D8 (8 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
Englaged is a sheek for the following	amount:

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

№ \$25 Filing Fee

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

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: Mailing address of limited liability company: Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) Date of filing/registration in Florida 3. Document number Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address Enter name of NEW Registered **NEW** Registered Office Address: 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 article of organization or the operating agreement of the limited liability company. Printed or typed name of signee Signature of a member or authorized representative of a member 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 a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent