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SECRETARY OF STATE
TALLAHASSEE ELOBOR

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JUL 0.2018

COVER LETTER

TO:	Registration Section			
	Division of Corporations			
CUDI	EST MARCHINAN LANG	110		
SUBJECT: MARSHWOOD LANE LLC Name of Limited Liability Company				
Dear S	Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning th	is matter to the following:		
POX	WA J. STARK			
	Name of Person			
MARSHWOOD LANE LIC				
	Firm/Company			
110 E. Spearfish LANE Address				
	Address			
VU}	>, TER, FLORIDA 33477 City/State and Zip Code			
	City/State and Zip Code			
Dan	WATSTARKA) OOL COM			
1	WAJ STARKO QOI. LOM i-mail address: (to be used for future ann	nual report notification)		
Dise for	ethor information concerning this master	where well-		
For further information concerning this matter, please call:				
7/2	NNA STARK	054 24-00-1		
	Name of Person	at (<u>954</u>) <u>2408876</u> Area Code & Daytime Telephone Number		
	raine of Fernon	Area code & Daytime Telephone Punitoer		
	STREET/COURIER ADDRESS:	MAILING ADDRESS:		
	Registration Section	Registration Section		
	Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
	2661 Executive Center Circle	Tallahassee, Florida 32314		
	Tallahassee, Florida 32301	ranamameet i Milda 32317		
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.

1. N	ame of the limited liability company: MARSHWOOD LANE	LLC
2 (2)	110 F. Sharefish Laure Tim Rea HA (b)	SAME OS AFRIAR
2. (a)	Principal office address of limited liability company: 334177 (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1/25/2018	-08000097114
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	STEVEN F. SQUIRE F69. Registered Agent and Registered Office shown on the records of the Florida D	
. ,	Registered Agent and Registered Office shown on the records of the Florida D	ept. of State:
	625 NE 3 AVB , FT. LAUD. FLA Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	<i>333</i> 04
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	, FL	
(b)		SEC
	Enter name of NEW Registered Agent and/or NEW Registered Office address	
	MR. RICHARD KIHAY	L-2 PA
	NEW Registered Office Address:	e. F. P.
	204 S. HAMDTON Dr.	41.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.4.1.5.1.5
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	JUPITER, 11. 33452	9
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the cha	limited liability company is not organized under the laws of the Sange or changes are made, the Florida street address of the registe	red office and the business office of the registered
	will be identical. Or, in the case of a Florida limited liability comerce authorized by an affirmative vote of the members of the limite	
the art	icles of organization or the operating agreement of the limited lia	
Siona	ature of a member of authorized representative of a member	Printed or typed name of signee
-	by accept the appointment as registered agent and agree to act in	
provis	ions of all statutes relative to the proper and complete performan ligations of my position as registered agent as provided for in Ch tely reflect a change in the registered office address, I hereby con	ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed
to mer	ely reflect a change in the registered office address, I hereby con Lin writing officials change.	firm that the limited liability company has been
K	ichard tollard	
Silznati	are of Registered Agent)	

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