L090000 14882

(Requestor's Name)				
(Address)				
(Address)				
(City/s	State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
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JUN 21 2013 D. BRUCE

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Chacka Marketing, LLC					
Name of Limi	ited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change	ge and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter	to the following:				
Christopher L. Welter, Esq.					
Name of Person					
Welter Law Firm, P.A.					
Firm/Company					
13902 N. Dale Mabry Hwy., Suite 214					
Address					
Tampa, FL 33618	2016 JUN 20 SEURETARY PALLAHASSE				
City/State and Zip Code	UN 20 ETAR HASS				
jc@chackamarketing.com					
E-mail address: (to be used for future annual report	t notification)				
For further information concerning this matter, please ca	t notification)				
Christopher L. Welter, Esq at (at (813-321-2338				
Name of Person	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				

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: Chacka Marke	eting, L	LC	
2. (a)	550 N. Reo St, Suite 200, Tampa, FL 33609	(b	550 N.	Reo St, Ste 200, Tampa, Fl 33609
Σ. (ω)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	March 2, 2010		L090000	14882
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Spiegel & Utreta, P.A.			_
	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of Stat	e:
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS	<u> </u>	TALLUS TO
	Miami ,FL	33145		JIN 20 CARASSE
(b)	Welter Law Firm, P.A.			N 20 P 12: OT ASSEE, FLORID
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	iress:	- 100 E
	Welter Law Firm, P.A.			9
	NEW Registered Office Address:			
	13902 N. Dale Mabry Hwy, Suite 214			_
	Tampa	33618		
the charagent was/w the art Signature I here provise the ober to motific the character of the control of the character of th	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of its establishment of the operating agreement of the structure of a member or authorized representative of a member by accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete ligations of my position as registered agent as provided all reflect a change in the registered office address, I had in writing of this change.	the regis ability co f the lim limited l	tered officempany, it is ited liability con Jerret	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in mpany. - C Larable Printed or typed name of signee

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