## 109000021337

(Re	equestor's Name)	
(Ad	ldress)	
(Address) .		
(Cit	ty/State/Zip/Phon	e #)
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2017 SEP 20 (5.110): 5.8

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## **COVER LETTER**

Division of Corporations		
SUBJECT: Marks & Marks, LLC	·	
Name	of Limited Lia	ability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	: Change and t	fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the f	ollowing:
John Marks, III		
Name of Person		_
Marks & Marks, LLC		
Firm/Company		_
215 E. Virginia Street		
Address		_
Tallahassee, FL 32301		
City/State and Zip Code	<del></del>	_
john@marksandmarksllc.com		
E-mail address: (to be used for future annua	il report notific	cation)
For further information concerning this matter, p	lease call:	
Kim Loebig	850 at (	510-2702
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	Reg Divi P.O.	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314
Enclosed is a check for the following a	mount:	
☑ \$25 Filling Fee	□ \$55	5 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.	Na	me of the limited liability company: Marks & Marks, LLC	
2. (:	a ì	(b)	
. (	, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  215 E Virginia Street
		and the state of t	~
		Tallahassee, FL 32301	Tallahussee, FL 32301
		03/04/2009 L090	000021337
3.		Date of filing/registration in Florida 4.	Document number
5. (	a)	John R. Marks, III	
		Registered Agent and Registered Office shown on the records of the Florida Dept.	of State:
		200 W. College # 226  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
		Tallahassee, FL 32301	
		, FL	2
(t	)	JOHN R. MAYKS 111 Enter name of NEW Registered Agent and/or NEW Registered Office address:	F11
		215 E. Virginia Street  NEW Registered Office Address.	
			 · ග
		Tallahassee .FL 323	01
the cagen	ha t w	mited liability company is not organized under the laws of the State nge or changes are made, the Florida street address of the registered vill be identical. Or, in the case of a Florida limited liability comparts authorized by an affirmative vote of the members of the limited leds of organization or the operating agreement of the limited liability.	office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company.
Sig	nat	ure of amember or authorized representative of a member	John R. Marks, III. Printed or typed name of signee
I he prov the o to m notif	ret iste ibli eFe ìea	oy accept the appointment as registered agent and agree to act in the ons of all statutes relative to the proper and complete performance dividences of my position as registered agent as provided for in Chapt divided for in the registered office address. Thereby confirm it is structured this change.	is associated them the server to someth with the

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

INHS18 (2/14)