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ECRETARY OF STATE

8 Warren APR 0 3 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Marcell Services LLC. Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Edward Lilly Name of Person
Marcell Services LLG Firm/Company
7087 Ridge Trail Rol Address
Keystone Heights FL 32656 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Edward Lilly at (352) 240-4725 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

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:	ell S	ervice	S LLC.	<u> </u>
2. (a)	7087 Ridse Trail Rd	(b)			· · · · · · · · · · · · · · · · · · ·
	Principal office address of limited liability company:		_	ddress of limited liab	
	(Note: MUST BE STREET ADDRESS)	Ω	$\bigcap R^{(Note;}$	MAY BE POST OF	FICE BUX)
	Kerstone Heisints M.	<u> </u>	7 NOX	758	·
	32656	<u>00</u>	unse Pa	ank FL	30067
	07111201	1_	HVVVV	7965)
3.	Date of filing/registration in Florida	4.	Docum	ent number	×
<i>-</i> 7.			2024		
5. (a)					
	Registered Agent and Registered Office shown of the records of the	e Florida Dept.	of State:		
	tresident/CEO			., =	-
	Registered Office Address (MUST BE FLORIDA STREET AD	DRESS)	-		11
	7087 Ridse Trail R	'A)		35 3	-
	7007	22/01		19.20 E	m
	KeyStone Height, FL.	<u>52654</u>	<u>a</u>	T 9 7	
	M. hallan for /11 a Par	20 10 11	_		
(b)		52116NI	<u> </u>	1: 05 STATE FLORIDI	1
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	ffice address:		7 ~	in.
	7087 Ridge Trail Rd				
	NEW Registered Office Address				
	 ;				
					
	1/2 -1 11 : 1/2	> ヘ/ ぐ	1		
	Keystome Heights, FL.	3265	6		
If the	limited liability company is not organized under the laws	of the State	of Florida, it	is hereby confirm	ned that after
the ch	ange or changes are made, the Florida street address of the	he registered	l office and the	e business office	of the registered
agent	will be identical. Or, in the case of a Florida limited liab vere authorized by an affirmative vote of the members of	ility compan	iy, it is hereby	confirmed that t	he change(s)
the ar	ticles of organization or the operating agreement of the li	mited liabilit	ty company.		
£	1.000	61	uned	1. 1.11	
Sign	ature of a member or authorized representative of a member	-4-90	Printed	or typed name of sign	ee
I here	eby accept the appointment as registered agent and agree	e to act in thi	is canacity. L	turther agree to	comply with the
provis	sions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided rely reflect a change in the registered office address, I he	erformance (for in Chapt	of my duties, d er 605, F.S. (and I am familiar Or, if this docume	with and accept ent is being filed
to mei	rely reflect a change in the registered office address, I he	reby confirm	n that the limi	ted liability comp	oany has běen
M.	ed in writing of this change.				
Signat	ure of Registered Agent				