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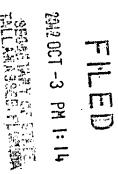
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(Red	questor's Name)	
(Add	dress)	· · ·
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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J. BRYAN

OCT -4 2012

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COVER LETTER

U	of Corporations	
SUBJECT:	MARCUS CA	ATSAM CONSULTING, LLC
	Name of L	imited Liability Company
Dear Sir or Mada	am:	
The enclosed Re	gistered Agent/Registered O	ffice Change and fee(s) are submitted for filing.
Please return all	correspondence concerning t	this matter to the following:
	Marcus Catsam Name of Person	
	Name of Person	
MARCU	S CATSAM CONSULTING Firm/Company	G, LLC G, LLC APRIL DCT -3 PM 1: 14
7	13 CORDOVA AVENUE	High P
	Address	
OF	RMOND BEACH FL 32174	The Control of the Co
	City/State and Zip Code	
E-mail address:	arcuscatsam@hotmail.con (to be used for future annual report no	n otification)
For further infor	mation concerning this matte	er, please call:
Marcus		at (786) 323 - 9023
IN:	ame of Person	Area Code & Daytime Telephone Number
	/COURIER ADDRESS:	MAILING ADDRESS:
-	on Section of Corporations	Registration Section Division of Corporations
Clifton B		P.O. Box 6327
2661 Exec	cutive Center Circle ee, Florida 32301	Tallahassee, Florida 32314
Enclosed	l is a check for the followin	g amount:
✓ \$25 Fi	iling Fee	\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company:	Marcus Catsam Consulting, LLC		
2. (a) Principal office address of limited liability co	ompany:		
(Note: MUST BE STREET ADDRESS)	713 CORDOVA AVENUE ORMOND BEACH FL 32174		
(b) Mailing address of limited liability company	·		
(Note: MAY BE POST OFFICE BOX)	713 CORDOVA AVENUE ORMOND BEACH FL 32174		
01/18/2012	L120000008536		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office sho	wn on the records of the Florida Dept. of State:		
Registered Agent:	Corporation Service Company		
Registered Office Address:	1201 Hays Street Tallahassee, FL 32301		
(b) Enter name of <u>NEW Registered Agent</u> and/ <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:	or NEW Registered Office address Marcus Catsam 713 Cordova Avenue		
MUST BE FLORIDA STREET ADDRES.	S)		
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the choof the members of the limited liability company or a or the operating agreement of the limited liability considerable of a member of a mem	e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited		
Printed or typed name of signee			
I hereby accept the appointment as registered agen comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address, I hereby confirm that the limited liability c	t and agree to act in this capacity. I further agree to the proper and complete performance of my duties, f my position as registered agent as provided for in d to merely reflect a change in the registered office ompany has been notified in writing of this change.		

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

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