## L/3000/25269

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(Re	questor's Name)				
(Ad	dress)				
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(Cit	y/State/Zip/Phone	e #)			
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(Bu	siness Entity Nan	ne)			
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## **COVER LETTER**

10:	Division of Corporations		
SHRH	ECT: Marcelin	e Properties Ll	_C
SUDJI	Nam	e of Limited Liab	pility Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Offi	ce Change and fe	e(s) are submitted for filing.
Please	return all correspondence concerning thi	is matter to the fo	llowing:
	Shelley Lepird		
	Name of Person		_
	O'Baker & Lepird		
	Firm/Company		-
٠	447 Lake Howell Road		
	Address		-
	Maitland, Florida 32751		
•	City/State and Zip Code		-
	ShelleyL@obaker.net	<del></del>	<del>-</del> 、
	E-mail address: (to be used for future ann	_	ation)
For fu	rther information concerning this matter,	please call:	
	Shelley Lepird	407 at (	339-1210
	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	Regi Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 thassee, Florida 32314
	Enclosed is a check for the following	amount:	
	\$25 Filing Fee	. 🚨 \$55	Filing Fee & Certified Copy
INHS1	8 (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:	Marceline P	roper	ties LLC					
2.	(a)	Trident Chambers, Wickhams C	Cay I	(b) 450 Park Ave., 32nd Floor						
4.	(4)	Principal office address of limited liab (Note: MUST BE STREET Al	•	- (-		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		Road Town, Tortola, British Vi	rgin Islands	-	New Yor	k, NY 1002	22		**	
		September 4, 2013		-	L1300012	25269				
3.		Date of filing/registration in	Florida	4.		Document n	umber			
5.	(a)	NRAI Services, Inc.								
J.	(4)	Registered Agent and Registered Office show	n on the records of the	e Florida	Dept. of State	- :				
		Registered Office Address (MUST BE FI	ORIDA STREET AL	DRESS	Ŋ					
		1200 South Pine Island Road				_				,
		Plantation	, FL_	3324		-	NO 3S	14 0		1.
	(b)	Clyde O'Baker				_		- 330		:
	` /	Enter name of NEW Registered Agent and/o	or <u>NEW Registered O</u>	ffice ad	dress:			_	ĬΠ	
		O'Baker & Lepird				_		£ Ω	O	
		NEW Registered Office Address:						4		
		447 Lake Howell Road				-				
		Maitland	, FL_3	2751		-				
the age	cha ent v s/we	imited liability company is not organizinge or changes are made, the Florida will be identical. Or, in the case of a Fere authorized by an affirmative vote cles of organization or the operating a	street address of the Torida limited liab of the members of	he regi sility co the lin	stered office ompany, it is nited liabilit	e and the bus s hereby conf y company o	iness offi firmed th	ce of at the	the regi: change(	stered s)
			·		nancio	SWWO	6 N. 6 G		0	
	_	ture of a member or mathorized representative			_	Printed or type		_		
I i pro the to no	herei ovisi e obl mere tified	by accept the appointment as registere ons of all statutes relative to the propigations of my position as registered cely reflect a change in the registered of in writing of this change.	ed agent and agreer and complete pugent as provided office address, I he	e to ac erform for in e ereby c	t in this cap ance of my Chapter 605 onfirm that	acity. I furth duties, and I 5, F.S. Or, if the limited li	er agree am famil this docu ability co	to con iar wi iment impan	nply wit th and a is being y has be	h the iccept filed een
Sį	gnatu	re of Registered Agent								