## L14000057359

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## COVER LETTER

Division of Corporations	•
Marilyn Majeau, L.L.C.	
	f 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 m	natter to the following:
Marilyn Majeau	
Name of Person	<del></del>
Marilyn Majeau, L.L.C.	
Firm/Company	<del></del>
600 N. Knowles Avenue #6	
Address	
Winter Park, FL 32789	
City/State and Zip Code	
mmajeau1@aol.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ase call:
Marilyn Majeau	407 579.1868
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 am	ount:
■ \$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.

	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Winter Park, FL 32789  04/08/2014  Date of filing/registration in Florida	—	Winter P	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  Park, FL 32789
	Winter Park, FL 32789  04/08/2014  Date of filing/registration in Florida	_		
3. 5. (a)	04/08/2014  Date of filing/registration in Florida	_		ark, 1 E 32703
	Date of filing/registration in Florida	_	1.4.40000	
	<u> </u>		L1400005	57359
5. (a)	<u> </u>	- 4.		Document number
J. (a)	NO AGENT NAMED			
	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of State	
	CORPORATION SERVICE COMPANY			
	Registered Office Address (MUST BE FLORIDA STREET	4DDRES	(2.2	
	1201 HAYS STREET			1 三
	TALLAHASSEE . FL	3230°	1	2019 JUH - T MI ID: VO
(L)	MARILYN MAJEAU			
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	-
	MARILYN MAJEAU L.L.C.			
	NEW Registered Office Address:		•	-
	600 N. KNOWLES AVENUE #6			_
	WINTER PARK FI	32789	9	
the cha agent v was/we	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reg ability of the li limited	gistered office company, it is mited liability I liability con	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany.
	Marelyn Hayen	M	ARILYN M	
-	turé of a member or authorized representative of a member	400.45	ne iu shin	Printed or typed name of signee
provisi the obl to mer	by accept the appointment/as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It is instricted of this change.	pertori	mance of my i	duties, and Lam familiar with and accept
Signate	The of Registered Agent			

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

INIUC18 (2/14)