L140000 93582

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
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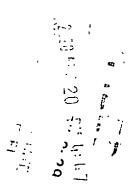




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R. WHITE





COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ Name	ECT: Marc Bell Ventures LLC of Corporation	
DOC	UMENT NUMBER: L14000093582	
The e	nclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this	s matter to the following:
Marc I	Bell	
Name	of Contact Person	
Firm/	Company	
6800 I	Broken Sound Parkway NW, Suite 200	
Addro	ess	
Boca l	Raton, FL 33487	
City/S	State and Zip Code	
	mbell@marcbell.com	
E-ma	il address: (to be used for future annua	l report notification)
For fu	uther information concerning this matter, p	please call:
Marc		at (⁵⁶¹)988-1701 Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
Amendment Section Division of Corporations		Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

March 30, 2020

MARC BELL 6800 BROKEN SOUND PKWY NW STE 200 BOCA RATON, FL 33487

SUBJECT: MARC BELL VENTURES LLC

Ref. Number: L14000093582

We have received your document for MARC BELL VENTURES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 020A00006941

Catherine M Wood Regulatory Specialist II



2020 AFR 20 PH 1: 16

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 30, 2020

MARC BELL 6800 BROKEN SOUND PKWY NW STE 200 BOCA RATON, FL 33487

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If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 020A00006941

Catherine M Wood Regulatory Specialist II

COVER LETTER

Division of Corporations
SUBJECT: Marc Bell Ventures, 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:
Marc Bell
Marc Bell Name of Person
Mare Bell Venturen LC Firm/Company
U800 Broken Sound Pkwy NW Ske 200 Address
Boca Rakon FL 33487 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marc Bell at (501) 983-1701 Code & Daytime Telephone Number
Address: ion Section
f Corporations
f Tallahassee

Street, Suite 810

Name of Person

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street .

Registrat Division of The Centre of 2415 N. Monroco Tallahassee, FL 3230.

Enclosed is a check for the following amount:

S25 Filing Fee

S55 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 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: Marc Beil Ve	ntures	LIC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Bioken St Mailing address of limi (<u>Note: MAY BE PO</u>	ted liability company:
	Suite 200	Suite	200	
	Boca Raven FL 33487	Buca	. Ratun Fi	33487
	6/10/2014	L1400	70093582	_
3.	Date of filing/registration in Florida 4.		Document number	
5. (a	Jo-Jean Figueira, Esq		_	
	Registered Agent and Registered Office shown on the records of the Florida	a Dept. of State	e:	
	6800 Broken Sound PKWY NW		<u>.</u>	~:
	Registered Office Address (MUST BE FLORIDA'STREET ADDRESS	<u>S)</u>		
	Suite 200		_	(S)
	Boca Rakon	51		7
			_	
(b)	Marc Bell		•	
	Enter name of NEW Registered Agent and/or NEW Registered Office ad	ldress:		
	W800 Broken Sound Pkwy NW NEW Registered Office Address:		-	
	Suite 200		-	
	Boca Rakon FL 334	87	-	
chang agent was/w	limited liability company is not organized under the laws of the e or changes are made, the Florida street address of the register will be identical. Or, in the case of a Florida limited liability covere authorized by an affirmative vote of the members of the limited of organization or the operating agreement of the limited by	ed office and impany, it is nited Hability	d the business offic thereby confirmed y company or as of	e of the registered that the change(s)
	m	are Be	Printed or typed name	/
-	•		**	Č
I here provis the ob- to men notifie	Pby accept the appointment as registered agent and agree to actions of all statutes relative to the proper and complete perform ligations of my position as registered agent as provided for in Cely reflect a change in the registered office address, I hereby cord in writing of this change.	t in this cape ance of my o Chapter 605 onfirm that o	ncity. I further agr luties, and I am far , F.S. Or, if this do the limited liability	ee to comply with the niliar with and accept ocument is being filed company has been

Signature of Registered Agent

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE		Lea LLC ne of Limited L	iability Company		
Dear Si	r or Madam:				
The end	closed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.		
Please 1	return all correspondence concerning this	s matter to the	following:		
	Marc Bell Name of Person				
ma	C. B.C. Ventures LC. Firm/Company	,			
U800 Broken Sound Pkwy NW Ske 200 Address					
Boc	a Rakon FL 33487 City/State and Zip Code		_		
<u>mb</u> E-	cil a marcheil.com mail address: (to be used for future annu	al report notific	cation)		
For furt	her information concerning this matter, p	please call:			
Ma	Name of Person	_ at (_ <i>5\&t</i>) 988-1701 Area Code & Daytime Telephone Number		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the following amount:					
	□ \$25 Filing Fee	☐ \$5	5 Filing Fee & Certified Copy		

INHS18 (2/14)