

L14000 105 140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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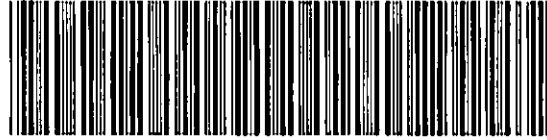
(Business Entity Name)

(Document Number)

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JAN 26 2019
T. LEWIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Marine Canvas & Upholstery 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:

Marisela Cepero Riuz

Name of Person

Marine Canvas & Upholstery LLC

Firm/Company

3403 S US Hwy 1, A

Address

Fort Pierce, FL 34982

City/State and Zip Code

mcupholsteryfl@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marisela Cepero Ruiz

at (772)

708-1367

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 amount:

☒ \$25 Filing 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 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. Name of the limited liability company: Marine Canvas & Upholstery LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3403 S US Hwy 1, A

2040 SW Imperial St

Fort Pierce, FL 34982

Port St Lucie, FL 34987

07/01/2014

L14000105140

3. _____ Date of filing/registration in Florida 4. _____ Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Marisela Cepero Ruiz

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2040 SW Imperial St

Port St Lucie, FL 34987

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Lazaro Martinez Martinez

NEW Registered Office Address:

2040 SW Imperial St

Port St Lucie, FL 34987

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Marisela Cepero Ruiz
Signature of member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Marisela Cepero Ruiz
Signature of Registered Agent