## L14000171214

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ALLAHASSEE, FLORIDA

D. **SCOTT** DEC 1 4 2016

## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: MARCUS IN SUNSHINE STA	ATE, LLC	
Name	e of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Donna Bertucci		
Name of Person		
Corporate Direct, Inc		
Firm/Company	<del></del>	
2248 Meridian Blvd. Suite H		
Address		
<b>第3次2分析を入り</b> Minden, NV 89423	क्षा १८० असम्बद्ध हेन्द्र ४८ एउम्मासम्बद्ध द्वराहरू	
City/State and Zip Code		7. SE 6
info@corporatedirect.com	,	題のコ
E-mail address: (to be used for future annu	ual report notification)	FILED RETARYOR ANIASSEE, I
For further information concerning this matter,	please call:	177
Donna Bertucci	775 782-2201	2:59 LONDI
Name of Person	Area Code & Daytime Telephone Nu	mber
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301  Enclosed is a check for the following		
<sup>*</sup> \$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.

1.	Naı	me of the limited liability company: MARCUS IN S	SUNS	HINE STA	ATE, LLC
				b)	
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		60 EAST SIMPSON AVE, BOX 2869		60 FAS	T SIMPSON AVE, BOX 2869
			_		
		JACKSON, WY 83001		JACKS	ON, WY 83001
		11/04/2014	_	L140001	71214
3.		Date of filing/registration in Florida	4.		Document number
5. (	a)				_
(	,	Registered Agent and Registered Office shown on the records of t	he Floric	la Dept. of Sta	te:
		Gerri Detweiler			
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>S)</u>	-
		1037 Greystone Lane			_
		Sarasota, FL	34232	2	- 15. 16
		,			
(1	b)	Enter name of NEW Registered Agent and/or NEW Registered			三 題 思 五
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ddress:	数量 3 LF
		REGISTERED AGENTS INC.			ARY OF S
		NEW Registered Office Address:			(a) N
		3030 N. Rocky Point Drive, STE 150A			RIDA
		Tampa FI.	3360	7	
sign the sign that sign that sign the sign that sign t	cha nt v /we arti gnal gnal erei obl	imited liability company is not organized under the lawinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liable and in the case of a Florida limited liable and organization or the operating agreement of the law of a member or authorized representative of a member on a of a member of a member of all statutes relative to the proper and complete igations of my position as registered agent as provide lay reflect a change in the registered office address, I is a limited of this change.  Bill Hayre/Assistant Secrete of Registered Agent	the regability of the li limited to a perform d for inhereby	istered office company, it mited liability co	is hereby confirmed that the change(s) ity company or as otherwise provided in impany.  Printed or typed name of signee  pacity. I further agree to comply with the

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