

L150000 80606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

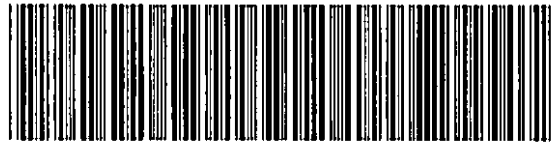
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800341974368

08/18/20--01019--024 \*\*35.00

2020/08/13 13:15

R. WHITE  
MAR 18 2021



2020 MAR 13 PM 10:25

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 31, 2020

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

SUBJECT: MARC BELL CAPITAL LLC  
Ref. Number: L15000080606

We have received your document for MARC BELL CAPITAL 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 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.

Catherine M Wood  
Regulatory Specialist II

Letter Number: 420A00006971

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Marc Bell Capital, 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  
Name of Person

Marc Bell Capital LLC  
Firm/Company

6800 Broken Sound Pkwy NW, Suite 200  
Address

Boca Raton, FL 33487  
City/State and Zip Code

mbell@marcbell.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marc Bell at ( 561 ) 988-1701  
Name of Person 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

☐ \$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: Marc Bell Capital, LLC
2. (a) 6800 Broken Sound Pkwy NW  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
Suite 200  
Boca Raton FL 33487
- (b) 6800 Broken Sound Pkwy NW  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
Suite 200  
Boca Raton FL 33487
3. 5/1/2015  
Date of filing/registration in Florida
4. LI5000080606  
Document number
5. (a) Jo-Jean Figueira, Esq.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
6800 Broken Sound Pkwy NW  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Suite 200  
Boca Raton FL 33487
- (b) Marc Bell  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
6800 Broken Sound Pkwy NW  
NEW Registered Office Address:  
Suite 200  
Boca Raton FL 33487

2020.05.13 AM 7:15

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.

[Signature]  
Signature of a member or authorized representative of a member

Marc Bell - Member  
Printed or typed name of signer

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.

[Signature]  
Signature of Registered Agent