## L1500/3381

(Requestor's Name)							
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(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:							
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Office Use Only



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September 28, 2018

MARLENE BACIGALUPI 10773 NW 58TH STREET, SUITE 174 DORAL, FL 33178

SUBJECT: IBIS MARKETING GROUP, LLC

Ref. Number: L15000133818

We have received your document for IBIS MARKETING GROUP, 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):

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) 245-6051.

Deborah Bruce Corporate Records Supervisor

Letter Number: 218A00020315

## COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: This Markethy Group LLL Name of Limited Liability Company								
SUBJECT: 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:								
Marlede Breigalipi Name of Person								
Ibis Marlathy Crup Firm/Company								
13192 SW 9th Ln Address								
Miam, FL 33184  City/State and Zip Code	£.1							
nicholas bacigalupi a gmail con E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Marlese Breign Upi at (305) 2813768  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   \$555 Filing Fee & Certified Copy     S55 Filing Fee & Certified Copy     S56 Filing Fee & Certified Copy     S56 Filing Fee & Certified Copy     S56 Filing Fee & Certified Copy     S57 Filing Fee & Certified Copy     S58 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	lame of the limited liability company:	<u>≥'`                                    </u>	Wark	etry a	rouphle
2. (a)			b)	7	1,
±. (n,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\	·)		f limited liability company: E POST OFFICE BOX)
	13192 SW 9Th LN			13192	SW 9Th LN
	13192 Sw 9Th LN Miami, FL 33184				, FL 33184
	08/05/2018			L 150	00013381
3.	Date of filing/registration in Florida	4.		Document nui	mber
5. (a	A RECEIVED AN ESTE COLOR	CON.		_	
. (-	Registered Agent and Registered Office shown on the records of			te:	
	Registered Office Address MUST BE FLORIDA STREET	_ ~ _	· ·		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>SS)</u>		- 2
	3030 NRady Por. Stc.)	SOA		_	E TO
	3030 NRady Posts. Ste. ) TAMPA. FI	L_33	3607	_	
	·				26
(b	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	ddrass	_	mic P
	_	u vince a	daress.		် (၁)
	Morlene Bocigalupi				
	NEW Registered Office Address:			_	
	13192 SW 9Th LN			<del>-</del>	
		0	2181	4	
	Miami F	L	210	_'	
the cl agent was/v	limited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the aperating agreement of the	of the reginability of the li	gistered offic company, it mited liabili Hiability co	re and the busing is hereby confinity company or mpany.	ness office of the registere rmed that the change(s) as otherwise provided in
Sie	nature of a member or authorized representative of a member		7010	Printed or typed	I name of signee
I her provi the o to mo notifi	reby accept the appointment as registered agent and as sions of all statutes relative to the proper and complete bligations of my position as registered agent as providerely reflect a change in the registered office address, led by writing of this change.	ひ わかげかい	ct in this cap	pacity. I furthe.  shiftee and La	r agree to comply with the m familiar with and accer

Division of Corporations P:O. Box 6327 = Fallahassee, FL 32314
(FILING FEE: \$25.00)

Previously Paul See Attached Letter.

INHS18 (2/14)

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