15000205763

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL	-				
(Business Entity Name)					
(Document Number)					
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ORION

K. SALY DEC 15 2016



December 5, 2016

MY BROKER MARKETING, LLC AMBER CHANCEY P.O. BOX 7024 WESLEY CHAPEL, FL 33545

SUBJECT: MY BROKER MARKETING, LLC Ref. Number: L15000205763

We have received your document for MY BROKER MARKETING, 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.

Karen A Saly Regulatory Specialist II

Letter Number: 616A00025718

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: My Broker Marketing, LLC							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.						
Please return all correspondence concerning thi	s matter to the following:						
Amber Chancey							
Name of Person							
My Broker Marketing, LLC		TAL					
Firm/Company	·	LANC					
PO Box 7024		AHASSEE, FLORID					
Address							
Wesley Chapel, FL 33545		ORIOA DRIOA					
City/State and Zip Code							
Amber@MyBroker.Marketing							
E-mail address: (to be used for future annual	ual report notification)						
For further information concerning this matter,	please cail:						
Amber Chancey	850 856-1550						
Name of Person	Area Code & Daytime Telepho	one 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						
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.	Na	me of the limited liability company: My Broker Ma	rketing	LLC	
2.	(a)	My Broker Marketing, Attn: Amber Chancey	_ (b)	My Brok	ker Marketing, Amber Chancey
-	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		30643 Walker Cup Place		PO Box	7024
		Wesley Chapel, FL 33543	-	Wesley	Chapel, FL 33545
		1/1/2016	1	_1500020	05763
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	Registered Agents Inc			
٠.	(ω)	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of State	- e:
		Registered Agents Inc			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				701
		3030 N. Rocky Point Dr, 150A			FE A TI
		Tampa , FL	33607		FILE 2016 DEC 14 P
	(b)	Amber Chancey			CIL PR 3: 50 HASSEE, FLORID
	(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	GRAIN S
		Amber Chancey			ār b
		NEW Registered Office Address:	, , , , , , , , , , , , , , , , , , , ,		
		30643 Walker Cup Place			_
		Wesley Chapel , FL	33543		_
the ag	e cha ent v is/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law o	the regis bility co f the limi limited li	tered office mpany, it is ted liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany.
_	Signal	ture of a member or authorized representative of a member		701 011411	Printed or typed name of signee
pr the to	ovisi e obl mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	ee to act performa I for in C ereby co	in this cap ince of my hapter 605 nfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

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

gnature of Registered Agent