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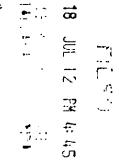
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S. PRATHER

COVER LETTER

Division of Corporations			
SUBJECT: MARKA VENTURES LL Name of Limit	<u> </u>		
Name of Limi	ted Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change	ge and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter	to the following:		
KARINA HAYWOOD Name of Person			
Name of Person			
H CONSTGUARE LLC Firm/Company			
Firm/Company			
PO Box 890 Address			
Address			
WINDERMERE, FL 34786 City/State and Zip Code			
City/State and Zip Code			
H CONSIGUARE OUTLOOK. CO. E-mail address: (to be used for future annual report	<u> </u>		
15-mail address. (to be used to) tuddre annual report	(notification)		
For further information concerning this matter, please ca	П:		
KARINA HOYWOOD at 12	107, 466-1382		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	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: MARKA	UPNI	JRES, LLC
2. (a)	12556 FLORIDAYS RESORT DE 2	201-A (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)
	DRLANDO, FL 32821		MARIETTA, GA 30068
	03/01/2016		L16000042604
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	MARCELO M CUNHA Registered Agent and Registered Office shown on the records of 12 556 FLORIDAYS RESORT Registered Office Address MUST BE FLORIDA STREET	T DRIVE	e 201-A = =
	OPLANDO, F		
(b)	LUZA FROELICH NACEDO D Enter name of NEW Registered Agent and/or NEW Registere	d Office addr	JHA . fi
	3611 Stu 34th Street p NEW Registered Office Address:	APT 18	<u>80 </u>
	GARNESUPLLE F	L_326	608
Signat I herel provisi the oblito mere notified	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the ure of a wember of authorized representative of a member ov accept the appointment as registered agent and agains of all statutes relative to the proper and completing ations of my position as registered agent as provided by reflect a change in the registered office address, It in writing of this change.	of the registe iability con of the limit e limited lia	tered office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in ability company. KARNA HAHWOOD Printed or typed name of signee in this capacity. I further garage to comply with the
Signatur	of Registered Agent		