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## **COVER LETTER**

O: Registration Section Division of Corporations					
SUBJECT: Marlenas Maintenance 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:					
Marlene Guzman Name of Person					
Firm/Company					
6119 Sand Key Lane Address					
Wesley Chapel FL, 33545 City/Stateland Zip Code					
E-mail address: (to be used for future annual report notification)					
or further information concerning this matter, please call:					
Carlos Gutierrez at 813 812 - 1695  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 32314 Tallahassee, Florida 32301					
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

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1. Name of the limited liability company:	Marlene's	Main	Henance	LLC.
2. (a) 619 Save Key ( Principal office address of limited li (Note: MUST BE STREET)	ability company:	b)	Mailing address of limited (Note: MAY BE POS	* • •
wesley Chapel F	4 33545			
March 17,2016		L 160	00005506	
3. Date of filing/registration in	n Florida 4.		Document number	
5. (a) <u>Carlos</u> Gutierre	7			
Registered Agent and Registered Office sho	. —	la Dept. of State	:	
6119 Sandy 1	Lou Laine			
Registered Office Address (MUST RE I	FLORIDA STREET ADDRES	<u>(S)</u>		
11705 Par Classon	2	2545		
wesley Chapel	, FL3	7973		
(b) Marlene Guzn	ióv		٠٠٤ ق. 	<u> </u>
Enter name of NEW Registered Agent and	<u> </u>	ddress:		
			2 = 3 2.72	2
NEW Registered Office Address:			*	The second by th
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			\$	<u> </u>
	, FL		-	
If the limited liability company is not organ	nized under the laws of th	a State of Flo	orida it is harabu oo	nfirmed that after
the change or changes are made, the Florida	a street address of the reg	istered office	and the business of	ffice of the registered
agent will be identical. Or, in the case of a was/were authorized by an affirmative vote				
the articles of organization or the operating				,
			Carlos Crise	1/182
Signature of a member or authorized representative			Printed or typed name of	
I hereby accept the appointment as register provisions of all statutes relative to the prothe obligations of my position as registered to merely reflect a change in the registered notified in writing of this change.	per and complete perform	nance of my o Chapter 605	duties, ånd I am fam FS Or if this doc	illiar with and accept cument is being filed
Signature of Registered Agent				

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