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Division of Corporations

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## LLC REGISTERED AGENT CHANGE MARCKET LLC

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N. CAUSSEAUX SEP - 6 2018

Electronic Filing Menu

Corporate Filing Menu

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## 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.

i.	Na	me of the limited liability company: MARCKET L	LC				
		Principal office activess of limited liability company:		(b)	O) Mailing address of limited	lishiits con	unaue:
		(Note: MUST BE STREET ADDRESS)			(Sole: MAY BE POST	OFFICE B	( <u>OX</u> )
		206 S. MATANZAS AVE			206 S. MATANZAS AVE	<del></del>	
		TAMPA, FL 33609			TAMPA, FL 33609		
		04/19/2016			L16000077595		
3.		Date of filing/registration in Florida	4,	-	Document number		
5	(a)	NICHOLAS MARCK					
5. (a)		Registered Agent and Registered Office shown on the records of 206 S. MATANZAS AVE	the Ha	rida	a Dept. of State:		
		Registered Office Address (MUST BE FLORIDA STREET				and s	-26 -26 -26 - 7 <b>(2</b> ) - 7(2)
		TAMPA				SEP -	
,	h)	LEGALINC CORPORATE SERVICES INC.				ກ	
(	11)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			ldress:	至	٦.
		5237 SUMMERLIN COMMONS, SUITE 400				9: 54	<b>&gt;</b>
		NEW Registered Office Address:			<del></del>		·
		FORT MYERS	3390	07			
the age was	cha nt v /we	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 light authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ws of the reliability	the egis co lim	State of Florida, it is hereby constered office and the business off ompany, it is hereby confirmed the liability company or as other	fice of the hat the cha	registered inge(5)
					CHOLAS P MARCK		
		ure of a member or authorized representative of a member			Printed or typed name of		
noni	// Ci	ov accept the appointment as registered agent and agons of all statutes relative to the proper and complete igutions of my position as registered agent as provide by reflect a change in the registered office address, I i'm writing of this change.	rev to porfa ed for i hereby	act rme in C y ce	t in this capacity. I further agree wince of my duties, and I am fami Chapter 605. F.S. Or, if this dow confirm that the limited liability c	e to compl Tiar with a unent is h company h	y with the ind accept seing filed as heen
Sign	nitu	e of Registered Agent					
		Division of Corporations • P.O.	Box 6.	327	7* Tallahassee, FL 32314		

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