## 21600087308

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Pertified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400299349464

05/17/17--01026--003 \*\*25.00

MAY 1 8 2017 S. YOUNG

SEGRETARY OF STATE TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MARK Eisenmenger Name of Limit	LLC ed 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	•
MARK Eisenmager Name of Person	<del></del>
MARK E:senmenger LLC	<del></del>
Firm/Company	
5125 Almiral Pointe Dr.	TO LEGATION
Address	7 - 1 - SS
Appollo Beach FL. 33572  City/State and Zip Code	THAY IT PH 3: 16
City/State and Zip Code	
mark-eisenmenger@ yal	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please call	l:
Mark Elsenmenger al 80	63; 838 9550
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:	

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

## 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	ame of the limited liability company: MARK Eisenmenser LLC	
	MARK E: sumanger LLC (b) MARKEISENMINGER	
	Principal office address of limited liability company:  Mailing address of limited liability company	<b>y</b> :
	(Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)	
	5125 Admiral Painte 5125 Admiral Pointe	
	Apollo Beach FL. 33572 Apollo Beach Fl. 33	572
	5/3/2016 L160000 8730 8	
3.	Date of filing/registration in Florida 4. Document number	<del></del>
5. (a)	Legal inc Corporate Service Inc  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  5237 Summer Lin Communs	3. TE
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	Suite 400	ARY RY
	Fort Meyers , FL 33907	기위년 기상
(b)	MARIC E.S. L. N. C. S. C. Enter name of NEW Registered Office address:	RIE .
	SIRS Admiral Pointe Dr	
	NEW Registered Office Address:	
	· <b>\$</b> ·	
	_Apollo Beach FL 335/L	
agent v was/we the arti  Signat  I heret provisit the oblit to mere notified	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that at ange or changes are made, the Florida street address of the registered office and the business office of the registered under the change will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provide icles of organization or the operating agreement of the limited liability company.  Printed or typed name of signee by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being ely reflect a change in the registered office address, I hereby confirm that the limited liability company has be a first of Registered Agent.	stered (s) d in