

L16000160770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400291078994

10/12/16--01014--002 **25.00

FILED

2016 OCT 12 A 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

OCT 12 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARLIN TACTICAL COMMS
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:

RONALD M. LEWIS
Name of Person

MARLIN TACTICAL COMMS
Firm/Company

8787 SOUTHSIDE BLVD Apt #1003
Address

JACKSONVILLE, FLORIDA 32256
City/State and Zip Code

RONM LEWIS@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RONALD M. LEWIS at (303) 870-1410
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:

☒ \$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.

1. Name of the limited liability company: MARLIN TACTICAL COMMS
2. (a) 8787 SOUTHSIDE BLVD (b) 8787 SOUTHSIDE BLVD
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
- Apt 1003 Apt 1003
JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256
3. AUGUST 26, 2016 4. L16000160770
Date of filing/registration in Florida Document number
5. (a) TYESON H. LEWIS
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
11752 LORETTO SQUARE DR
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
- JACKSONVILLE, FL 32223
- (b) RONALD M. LEWIS
Enter name of NEW Registered Agent and/or NEW Registered Office address:
8787 SOUTHSIDE BLVD
NEW Registered Office Address:
Apt 1003
JACKSONVILLE, FL 32256

FILED
2016 OCT 12 A 10:25
CLERK OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Ronald M. Lewis
Signature of a member or authorized representative of a member

RONALD M. LEWIS
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Ronald M. Lewis
Signature of Registered Agent