## MOCOIL

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

Office Use Only



800305200298

11/02/17--01018--011 \*\*25.00

17 NOV -2 AH 11: 34

O CHANONS NOV 0 3 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations				
Marlin Marketing Florida LLC				
Nam	Name of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning th	is matter to the following:			
Rich Eyring				
Name of Person				
Marlin Marketing Florida LLC				
Firm/Company				
15684 Ocean Breeze Lane				
Address				
Wellington, Florida 33414				
City/State and Zip Code				
riche.eyring@gmail.com				
E-mail address: (to be used for future ann	iual report notification)			
For further information concerning this matter,	please call:			
Rich Eyring	561 291-2556			
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			
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	ame of the limited liability company: Marlin Marke	ting Florida L	LC
2. (a)	15684 Ocean Breeze Lane	(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)
	Wellington, Florida 33414		
	1/13/2017	L170	00011130
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Scott B Burdette		
()	Registered Agent and Registered Office shown on the records of	the Florida Dept. o	of State:
	Registered Office Address (MUST BE FLORIDA STREET 253 Oleaner	ADDRESS)	
	Palm Beach . FI	33480	THOUGHT TO THE THE THOUGHT TO THE THE THOUGHT TO THE
(b)	Melissa Maxwell Burns		
. ,	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	THOW-2 AHUL 34
	NEW Registered Office Address:		
	15684 Ocean Breeze Lane		
	Wellington . FL	33414	
the cha agent v was/wathe art	dimited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members of icles of organization or the operating agreement of the formula of a member or authorized representative of a member	f the registered of ability company of the limited lia	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
I here provisi the obi to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I	ree to act in this performance o ed for in Chapte hereby confirm	s capacity. I further agree to comply with the f my duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been

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

Signature of Registered Agent