

# L17000048127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

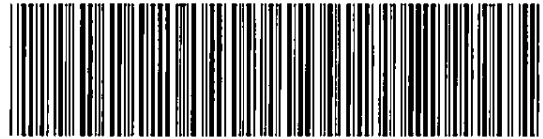
(Document Number)

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Special Instructions to Filing Officer:

Rec. corr.  
11/06/24

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FL

*Handwritten signature*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 22, 2024

NEETA P. NICHOLSON  
AMADA SENIOR CARE OF JACKSONVILLE  
13400 SUTTON PARK DRIVE S #1402  
JACKSONVILLE, FL 32224

SUBJECT: MARKETINI SOLUTIONS, LLC  
Ref. Number: L17000048127

We have received your document for MARKETINI SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only (1) person can serv as the Registered Agent and that individual must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 224A00015985

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TALLAHASSEE, FL

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Marketini Solutions, 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:

Neeta P. Nicholson

\_\_\_\_\_  
Name of Person

Amada Senior Care of Jacksonville

\_\_\_\_\_  
Firm/Company

13400 Sutton Park Drive S #1402

\_\_\_\_\_  
Address

Jacksonville, FL 32224

\_\_\_\_\_  
City/State and Zip Code

neeta.n@amadaseniorcare.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Neeta Nicholson

\_\_\_\_\_  
at ( 904 )

710-2387

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

*Submitted on 06/26/2024  
address still needs to be changed - 3rd request*

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SECRETARY OF STATE  
TALLAHASSEE, FL

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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.*

1. Name of the limited liability company: Marketini Solutions, LLC
2. (a) (dba-Amada Senior Care of Jacksonville)  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
13400 Sutton Park Drive S #1402  
Jacksonville, FL 32224
- (b) Marketini Solutions, LLC  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
13400 Sutton Park Drive S #1402  
Jacksonville, FL 32224
3. 06/26/2024 Date of filing/registration in Florida
4. L17000048127 Document number

5. (a) Neeta P. Nicholson  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Neeta P. Nicholson

*\* old address still showing*

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
8833 Perimeter Park Blvd. #404  
Jacksonville, FL 32216

(b) Neeta P. Nicholson  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

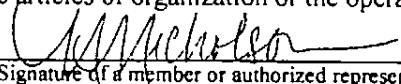
NEW Registered Office Address:  
13400 Sutton Park Drive S #1402

Jacksonville, FL 32224

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SECRETARY OF STATE  
TALLAHASSEE, FL

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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.

  
Signature of a member or authorized representative of a member

Neeta P. Nicholson

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.*

Signature of Registered Agent