L17000091973

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SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	MARSON LOGISTICS LLC				
		Name of Limited Liability Company			
Dear S	ir or Madam:				
The en	The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:					
MAR	O TORRES-SANTIAGO				
	Name of Person		-		
MAR	SON LOGISTICS LLC				
	Firm/Company		-		
1313	B PALOMA DRIVE				
	Address		-		
ORLA	ANDO, FL 32837				
	City/State and Zip Code		-		
MAR	SONLOGISTICSLLC@GMAIL.CC	MC			
E	-mail address: (to be used for future ann	ual report notifica	ation)		
For fur	ther information concerning this matter,	please call:			
MARI	O TORRES SANTIAGO	407 at (569-9012		
	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	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314		
	Enclosed is a check for the following amount:				
	☑ \$25 Filing Fee ₁	□ \$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.

110110	MARSON LO	OGISTICS LL	C
1. N	ame of the limited liability company:		
2. (a)		(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)
	13138 PALOMA DRIVE		(
	ORLANDO,FL 32837	_ 	
	04/25/2017	L170	000091973
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	MARIO TORRES-SANTIAGO		
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET)		
	13138 PALOMA DRIVE	<u>ADDKE,33J</u>	·
	ORLANDO FI	32837	
(b)	M. DANIELLE TORRES-SANTIAGO		APR 30 AM AHASSEE.FL
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	1 Office address:	AHIO: 22
	NEW Registered Office Address:		
	13138 PALOMA DRIVE		
	ORLANDO,	32837	
	, P.I.		
the cha agent v was/w	imited liability company is not organized under the latinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members dicles of organization or the operating agreement of the	f the registered iability compan of the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) lability company or as otherwise provided in
	Track Three Soutron	MARIO '	TORRES-SANTIAGO
Signa	are of a member or authorized representative of a member		Printed or typed name of signee
I here provisi the obt 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 by reflect a change in the registered office address. I	ree to act in thi performance o d for in Chapte hereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accep er 605, F.S. Or, if this document is being filed a that the limited liability company has been

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