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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

Division of Corporations						
SUBJECT: Mary Garrity LLC						
Name of L	imited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter	ter to the following:					
Mary Garrity						
Name of Person						
Mary Garrity LLC						
Firm/Company						
9061 Golden Mountain Circle						
Address						
Boynton Beach, FL 33473	•					
City/State and Zip Code						
mhgarrity@gmail.com						
E-mail address: (to be used for future annual re	port notification)					
For further information concerning this matter, pleas	e call:					
Mary Garrity	336 407-5093					
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 Tallahassec. 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.

Florid				
1. N	ime of the limited liability company: Mary Garrity	LLC		
2. (a)			(b)	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	9061 Golden Mountain Circle		9061 Go	lden Mountain Circle
	Boynton Beach, FL 33473		Boynton	Beach, FL 33473
	September 1, 2017	_	L1700018	37176
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Mary Garrity			
J. (a)	Registered Agent and Registered Office shown on the records of	f the Flori	da Dept. of State	- ::
	Mary Garrity LLC			
	Registered Office Address (MUST BE FLORIDA STREET	TADDRE	(2.2)	- .
	225 S. Latitude Circle Apt 404			<u>€</u>
	Delray Beach , F	L_3348	3	FEB 1
(b)	Mary Garrity			
	Enter name of NEW Registered Agent and/or NEW Register	ed Office	address:	M. S. H. S.
	Mary Garrity			
	NEW Registered Office Address:			,
	9061 Golden Mountain Circle			-
	Boynton Beach	. _L 3347	3	_
sign I hero provis the obto med	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or, the operating agreement of the number of a member or authorized representative of a member or authorized representative of a member of a member and completely accept the appointment as registered agent and completely reflect a change in the registered agent as provingly reflect a change in the registered office address.	or the re liability s of the l se limite M	company, it is imited liability disability corlary Garrity	s hereby confirmed that the change(s) y company or as otherwise provided in npany. Printed or typed name of signee

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