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(Requestor's Name)						
(Address)						
(Address)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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Special Instructions to Filing Officer:						

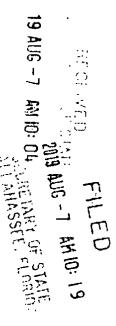
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AUG 07 2019 S. YOUNG



COVER LETTER

TO:

INHS18 (2/14)

TO:	Registration Section Division of Corporations						
SURI	Pro Asset Marketing, LLC	Pro Asset Marketing, LLC					
Name of Limited Liability Company							
Dear :	Sir or Madam:						
The e	nclosed Registered Agent/Registered Offic	e Change and	fee(s) are submitted for filing.				
Please	e return all correspondence concerning this	matter to the	following:				
John	iny Moore						
	Name of Person						
Pro A	Asset Marketing, LLC						
_	Firm/Company						
4204	N. Marguerite St.						
	Address						
Tam	pa, FL 33603						
	City/State and Zip Code						
•	itjam@hotmail.com						
	E-mail address: (to be used for future annu	al report notif	ication)				
For fu	orther information concerning this matter, p	olease call:					
Johnny Moore		407	530-7806				
	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		Re Di P.C	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 FC LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compasubmits the following statement in order to change its registered office or registered agent, or both, in the State Florida.

1. Na	me of the limited liability company:	arketing	, LLC	
2. (a)	4204 N. Marguerite St.	(h	4204 N	. Marguerite St.
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	("	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Tampa, FL 33603		Tampa,	FL 33603
	04/30/19		L170002	33665
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Jay Moore			
J. (a)	Registered Agent and Registered Office shown on the records of	te:		
	4204 N. Marguerite St.			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_
	Tampa	33603		_
		·		
(b)				
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			
	Johnny Moore			
	NEW Registered Office Address:		·	
	No address change			
				_
	, FI			_
the cha agent v was/we	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited la ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the regi iability co of the lin	stered offic ompany, it nited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
_/	ture of a member or authorized representative of a member		0W1	Printed or typed name of signee
•				,, ,
I here provisi the obl to mer notified	hy 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 d'in writing of this change.	ree to ac. perform ed for in (hereby c	t in this cap ance of my Chapter 60 onfirm tha	pacity. I further agree to comply with the adules, and I am familiar with and accepted, F.S. Or, if this document is being filed the limited liability company has been
Signatu	re of Registered Agent			