

L18000183491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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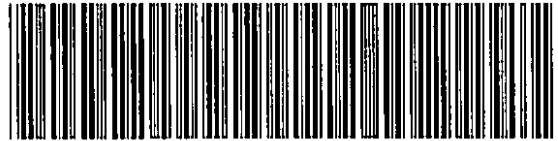
(Business Entity Name)

(Document Number)

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AUG 28 2018
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARCO HOSPITALITY 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:

JAMES F DAVISON IV

Name of Person

MARCO HOSPITALITY SOLUTIONS, LLC

Firm/Company

851 SCOTT DRIVE

Address

MARCO ISLAND, FLORIDA 34145

City/State and Zip Code

ACCOUNTING@MARCOHS.COM

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

For further information concerning this matter, please call:

JAMES F DAVISON IV

Name of Person

at (239) 825-5190

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

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TALLAHASSEE, FLORIDA

**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: MARCO HOSPITALITY SOLUTIONS, LLC

2. (a) 851 SCOTT DRIVE (b) 851 SCOTT DRIVE

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

MARCO ISLAND, FLORIDA 34145

MARCO ISLAND, FLORIDA 34145

07/31/2018

L18000183491

3. Date of filing/registration in Florida

4. Document number

5. (a) THERESA MARIE DAVISON

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

851 SCOTT DRIVE

MARCO ISLAND, FL 34145

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

JAMES F DAVISON IV

NEW Registered Office Address:

851 SCOTT DRIVE

MARCO ISLAND, FL 34145

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.

08 / 21 / 2018

Theresa Marie Davison

Signature of a member or authorized representative of a member

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.

James F Davison IV 08/21/2018

Signature of Registered Agent

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

FILING FEE: \$25.00