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TO:

INHS18 (2/14)

Registration Section

Division of Corporations MARC SOWERS METAL WORKS LLC SUBJECT: 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: Thomas R Sowers Name of Person Firm/Company 158 Planter Road Address Spring Hill, fla 34606 City/State and Zip Code blwn69rsss@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Thomas R Sowers Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 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.

1. No	nme of the limited liability company: MARC SOW	VERS METAL WORKS LLC
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 BON)
	158 Planter Rd	158 Planter Rd
	Spring Hill, Fla 34606	Spring Hill, Fla 34606
	09/18/2018	L18000215248
3.	Date of filing/registration in Florida	4. Document number
5. (a)	BUSINESS FILINGS INCORPORATED	
(a)	Registered Agent and Registered Office shown on the records o	of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET 1200 SOUTH PINE ISLAND ROAD SUITE	E 200
	PLANTATION . F	33324 EE TO
(b)	Enter name of NEW Registered Agent and/or NEW Registere Thomas R. Sowers	
	NEW Registered Office Address:	
	158 Planter rd	
	Spring Hill F	_L 34606
the cha agent v was/we the arti	inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited I are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	
V1	ture of a member or authorized representative of a member	Thomas R. Sowers Printed or typed name of signee
I herei provisi the obl to mere notified	by accept the appointment as registered agent and ag	gree to act in this capacity. I further agree to comply with the reperformance of my duties, and I am familiar with and accepted for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00