

L18000257679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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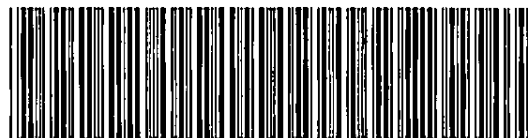
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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Capital Planning Law, PLLC

Yelena Sverdlova, Esq., LL.M.**

49 N. Federal Highway, #285
Pompano Beach, Florida 33062

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November 9, 2018

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: M MARKETING SOLUTIONS, LLC ("LLC")
L18000257679

To Whom It May Concern:

Please accept the enclosed Cover Letter and Statement Of Change Of Registered Office Or Registered Agent Or Both For Limited Liability Company to **amend the address** of the Registered Agent.

Enclosed is a check in the amount of Twenty-five (\$25.00) Dollars and a self-addressed envelope.

Should you have any further questions, please do not hesitate to contact me.

Sincerely,

Yelena Sverdlova, Esq., LL.M.

2018 NOV 13 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M MARKETING 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:

YELENA SVERDLOVA, ESQ., LL.M.

Name of Person

CAPITAL PLANNING LAW, PLLC

Firm/Company

49 N. FEDERAL HIGHWAY, #285

Address

POMPANO BEACH, FLORIDA 33062

City/State and Zip Code

INFO@CAPITALPLANNINGLAW.COM

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

For further information concerning this matter, please call:

YELENA SVERDLOVA, ESQ., LL.M.

Name of Person

at (754) 444-1442

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

**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: M MARKETING SOLUTIONS, LLC
2. (a) 1400 COOLIDGE STREET
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
HOLLYWOOD, FL 33020
- (b) 1400 COOLIDGE STREET
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
HOLLYWOOD, FL 33020
3. 11/02/2018 Date of filing/registration in Florida
4. L18000257679 Document number

5. (a) CAPITAL PLANNING LAW, PLLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1400 COOLIDGE STREET
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)

HOLLYWOOD, FL 33020

- (b) CAPITAL PLANNING LAW, PLLC
Enter name of NEW Registered Agent and/or NEW Registered Office address:

49 N. FEDERAL HIGHWAY, #285

NEW Registered Office Address:

POMPAÑO BEACH, FL 33062

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.

[Signature]
Signature of a member or authorized representative of a member

YELENA SVERDLOVA, ESQ., LL.M. (COUNSEL)

Printed or typed name of signer

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.

[Signature]
Signature of Registered Agent

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

FILED
2018 NOV 13 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA