1190000000908

(Requestor's Name)							
(Address)							
(Address)							
(Addiess)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
(======================================							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
aparama and an							

Office Use Only



700354045357

10/26/20--01029--001 **25.00

R. VETE DEC 0.5 2020

COVER LETTER

1

TO:	Registration Section Division of Corporations					
SUBJE	CCT:MARQURC LLC					
	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Office Cha	nge and f	ee(s) are submitted for filing.			
Please	return all correspondence concerning this matte	r to the fo	ollowing:			
	Ronaldo C. S. Marques					
	Name of Person		_			
	MARQURC LLC					
	Firm/Company					
	2000 N Bayshore Drive Unit 810		_			
	Address					
	Miami FL 33137		_			
	City/State and Zip Code					
	marqurc2@gmail.com					
E-mail address: (to be used for future annual report notification)						
For fur	ther information concerning this matter, please	call:				
	Ronaldo C. S. Marques at (786) 450 8648			
	Name of Person		Area Code & Daytime Telephone Number			
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the following amount:						
	\$25 Filing Fee	□ \$5:	5 Filing Fee & Certified Copy			
INHS18	3 (2/14)					

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.

l. Na	me of the limited liability company:	IARQL	JRC LLC		
2. (a)	2000 N Bayshore Drive Unit 810 Miami, FL 3313' Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u>7</u> (b)	(h) 2000 N Bayshore Drive Unit 810 Miami, FL 3313 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	January 2, 2019	_ _ -		0000908	
3.	Date of filing/registration in Florida	4.	Document nur	nber	
5. (a)	NS Corporate Services Inc.				
. (44)	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State:		
	1110 Prinkall Ava - Sto. 210				
	1110 Brickell Ave., Ste. 310 Registered Office Address (MUST BE FLORIDA STREET A	DDRESS			
	<u> </u>				
				•••	
	MIAMI ,FL	33131		•	
(b)	Ronaldo C. S. Marques				
` , -	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	· :	
	2000 N Bayshore Drive Unit 810			**	
	NEW Registered Office Address:			(**	
		3313	<u>7</u>		
hange gent w vas/we he arti	mited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law.	registered bility cor I the limi	d office and the business on npany, it is hereby confine ted liability company or a	office of the registered med that the change(s) as otherwise provided in	
Signat	ure of a member or authorized representative of a member		Printed or typed		
provision he obli o mere notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I have the change of this change. The of Registered Agen	erforma.	nce of my duties, and I an	n familiar with and accept	