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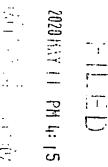
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	> #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Section Division of Corporations	
Tina & Marcus, LLC	
	ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	o the following:
Marcus Graj	
Name of Person	
Tina & Marcus, LLC	
Firm/Company	
2612 West 60 Street #2612	
Address	
hialeah, Fl 33016	
City/State and Zip Code	
mareusthebarber83@gmail.com	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please cal	II:
Marcus Graj 30	5 9043125
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	□ \$55 Filing Fee & Certified Copy

INHS18 (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.

(a)		(b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of (Note: MAYB)			•
	2612 west 60 street #2612		2612 w	vest 60 street #2612			_
	hialeah, florida 33016		hialeah	n, florida 33016			
	03/11/2020		1.190000	067863			
	Date of filing/registration in Florida	4.		Document nur	nber		
(a)				_			
,,	Registered Agent and Registered Office shown on the records of linda laochareun	t the Floric	la Dept. of 1	State:			
	Registered Office Address (MUST BE FLORIDA STREET) 119 north state road 7	TADDRES	<u> </u>				
	plantation F	33317					
				_ 	<u>}.</u>	2020	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	vl Office a	ddraes:		- -	2020 HAY	
	Finds name of the wave registered Agent and on 1917 Wegshere	<u>a vanse a</u>	adies,				Ī
	julio herrera					P	Γ
	NEW Registered Office Address:		<u>-</u>			₽ H \ +:	C
	666 nw 28 street				<u></u>	-5	
	miami F	L 33127			-		
inge ent v s/wo	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited last each organization or the operating agreement of the	e register iability c of the lit e limited	red office ompany, nited liab	and the business it is hereby confir ility company or a company.	office of the med that th	e registi e chang	ered ge(s)
/	My aun John	įVI	arcus L. G	Printed or typed			

to movely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this classes.

Signature of Registered Agent

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

INHS 18 (2-14)