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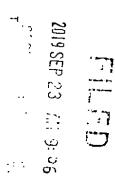
(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Do	cument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

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COVER LETTER

	gistration Section &					
SUBJECT	SGM Marketing, LLC					
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Limited Liability Company					
Dear Sir or	Madam:					
The enclos	ed Registered Agent/Registered Off	ice Change	and fee(s) are submitted for filing.			
Please retu	rn all correspondence concerning th	is matter to	the following:			
Shawna	M alecki					
	Name of Person					
SGM Ma	rketing, LLC					
	Firm/Company					
14407 22	2nd PL E					
	Address					
Bradento	on, FL 34212					
	City/State and Zip Code					
shawnan	nalecki@gmail.com					
E-ma	il address: (to be used for future and	nual report n	otification)			
For further	information concerning this matter	, please call				
Shawna	Malecki	941 at (9624833			
	Name of Person		Area Code & Daytime Telephone Number			
Re Di Cli 26	gistration Section vision of Corporations ifton Building 61 Executive Center Circle llahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
En	closed is a check for the following	amount:				
Ø	\$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. N	ame of the limited liability company: SGM Marketin	ng, LL	C	
2. (a)	SGM, Marketing LLC	(b) SGM I	Marketing, LLC
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	··/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	14407 22nd PL E	_	14407	22nd PL E
		_		
	04-09-2019		SS-4	
3.	Date of filing/registration in Florida	4.		Document number
5 (a	LEGALINC CORPORATE SERVICES INC			
(16	Registered Agent and Registered Office shown on the records of t	he Florio	la Dept. of S	tate:
	TUNK GS WOODE			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>:S)</u>	
	5237 SUMMERLIN COMMONS STE 400			2011
	Fort Myers FL_	33907	7	2019 SEP
(b)	Shawna Malecki			3
` ,	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	
	SYLUNGA MARCA NEW Registered Office Address:			
	14407 22nd PL E			
				
	Bradenton, FL	34212	2	<u> </u>
the ch agent was/w the art Sign	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the ature of a member or authorized representative of a member erby accept the appointment as registered agent and agracions of all statutes relative to the proper and complete ligations of my position as registered agent as provided rely reflect a change in the registered office address. I have	the regulative of the limited	istered off company, i mited liabi liability c awna Ma	rice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany. alecki Printed or typed name of signee appacity: I further garge to comply with the

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

Signature of Registered Agent