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COVER LETTER

Marlos Enterprises LLC SUBJECT:			
	ited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to	o the following:		
David Marchand			
Name of Person			
Marlos Enterprises LLC			
Firm/Company			
140 Pine Isle Dr			
Address		2020	
Sanford, FL 32773		2020 JUH 29 AM 10: 43	
City/State and Zip Code		29	
MarlosEnterprisesLLC@gmail.com			
E-mail address: (to be used for future annual report	notification)	Ċ	
For further information concerning this matter, please ca	II:	ت	
David Marchand An	ytime 407-474-5574		
Name of Person	Area Code & Daytime Telephone Number		
Mailing Address:	Street Address:		
Registration Section Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303		
Enclosed is a check for the following amount:			
■ \$25 Filing Fee			

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.

I. Na	ame of the limited liability company: Marlos Enterpris	es LLC					
2. (a)	140 Pine Isle Dr		140 Pine	lsłe Dr			
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>	<u> </u>	Mailing address of limite (Note: MAY BE POS	-	•	•
	Sanford, FL 32773	_	Sanford, F	FL 32773			
	04/04/2019		L19000093	170			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	LegalZoom						
(11)	Registered Agent and Registered Office shown on the records of	the Flori	la Dept. of Sta	te:			
	140 Pine Isle Dr				CD CD	207	
	Registered Office Address	ADDRES	<u>(S)</u>	_	CRETA	2020 JU님 29	
	Sanford , F	32773			1 X 83		
(b)	David Marchand					VH 10: 113	J
, ,	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	ddress:	_	1	ည	
	140 Pine Isle Dr.				• •		
	NEW Registered Office Address:			_			
	Sanford	32773		_			
	, F	l. <u></u>		_			
change agent i was /w	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited here authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registe iability of the li- e limited	red office ar ompany, it i nited liabili	nd the business office is hereby confirmed ty company or as oth npany.	e of the i that the	register change	red (s)
Signa	nture of a member or authorized representative of a member			Printed or typed name	of signee	-	
provis the h to mer notifie	hy accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ly reflect a change in the registered office address, I liveraing of this change. Machine of Registered agent	nertori	nance of my	auties, and Lam tan	iiliar wii	n and	accent