Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number

: (855)330-1010

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## LLC REGISTERED AGENT CHANGE MARCO FUN LLC

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## 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: MARCO	FUN LLC		
2. (a)	843 PERRINE CT.	RRINE CT. (b) 843 P		
(u) ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	···	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	MARCO ISLAND, FL 34145	MARCC	) ISLAND, FL 34145	
	08/14/2019	L19000	206937	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Martin Robert Winter, MR			
), (a)	Registered Agent and Registered Office shown on the records o	t the Florida Dept, of Star	te:	
	843 PERRINE CT.			
	Registered Office Address (MUST BE FLORIDA STREET	'ADDRESS)	_	
		<sub>L</sub> 34145	MELLAHASSEE FLORID	
(b)	Registered Agents Inc.	d Office address:	- ASSE	
	The Find the St N Tenter name of NEW Registered Agent and/or NEW Registere 7901 4th St N	O CONCE ASSESSED	PH 12: 5	
	NEW Registered Office Address:		Ş. G	
	STE 300		-	
	St. Petersburg	L_33702	_	
the cha agent v was/wa	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered of its liability company, it is of the limited liabili	is hereby confirmed that the change(s) ity company or as otherwise provided in	
) : L	T. P.J.	Riley Park		
	ture of a member or authorized representative of a member		Printed or typed name of signee	
provisi the obi to mer notifje	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provided by reflect a change in the registered office address, dim writing of this change.	te performance of my led for in Chapter 60 I hereby confirm tha	15. F.S. Or. if this document is being filed	
10	Bill Havre - Assista	int Secretary		