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(Requestor's Name)					
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(Cit	ty/State/Zip/Phone #	v			
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PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Name)			
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Certified Copies Certificates of Status					
Special Instructions to	Filina Officer:				
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COVER LETTER

TO:

INHS18 (2/14)

то:	Registration Section Division of Corporations		
SUBJI	*		
	Na	me of Limited L	iability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Of	fice Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning th	his matter to the	following:
GERA	RDO MARVEZ		
_	Name of Person		
MARS	H SERVICE PRO LLC		
	Firm/Company		
2174 N	E 170TH STREET, SUITE # 202		
-	Address		_ -
NORT	H MIAMI BEACH, FL 33162		
	City/State and Zip Code		_
YM@N	MARSHBH.COM		
Ē	-mail address: (to be used for future an	nual report notifi	cation)
For fu	ther information concerning this matter	, please call:	
GERA	RDO MARVEZ	646 at (492-2977)
	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	g amount:	
	■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability compassibility the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

L. Na	ame of the limited liability company: MARSH SERV	ICE PRO LLC		
2. (a)	2174 NE 170TH STREET	(h)	5anie as	Principal Ada
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) SUITE # 202		Mailing addres	ss of limited liability company: Y BE POST OFFICE BOX)
	NORTH MIAMI BEACH, FL 33162			
	02/14/2020	L20	0000052447	
3.	Date of filing/registration in Florida	4.	Document i	number
5. (a)	LIEBERMAN, MENDY			
	Registered Agent and Registered Office shown on the records (20801 BISCAYNE BLVD	of the Florida Dep	pt, of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2
	SUITE # 304			1020 31.1
	NORTH MIAMI BEACH, F	³³¹⁶²		11 1 1 1 1 1 1 1 1 1
	MARVEZ, GERARDO			
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office addres	<u>.s</u> .:	္ ယူ 📜
	2174 NE 170TH STREET			29
	NEW Registered Office Address:			
	SUITE # 202	· · · · · · · · · · · · · · · · · · ·		
	NORTH MIAMI BEACH F	FL 33162		
change agent v was/we the arti	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 authorized by an affirmative vote of the members of soft organization or the operating agreement of the	aws of the Sta ne registered o liability compa of the limited e limited liabi	ffice and the busines any, it is hereby con I liability company o lity company. DO MARVEZ	ss office of the registered affrmed that the change(s) or as otherwise provided in
_	ture of a member or authorized representative of a member		•••	ned name of signee
provisi the obl to merc	by accept the appointment as Registered agent and agins of all statutes relative to the proper and completing igations of my position as registered agent as providely reflect a change in the registered office address, I in writing of this change.	e performance led for in Chai	e of my duties, and 1 oter 605 F.S. Or it	' am familiar with and accept Othis document is being filed
///	111/ 1 &			

Signature of Registered Agent