## 163677 Florida Department of State

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 : 120090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

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## LLC REGISTERED AGENT CHANGE MARCH EQUITY LLC

Certificate of Status	0
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Page Count	02
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Help

## 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	ome of the limited liability company: MARCH	EQL	<u>၂</u>	TY LL	<u>C</u>				
2. (	(a.)	, 2247 NW 171ST TERR			(b) 2247 NW 171ST TERR					
,	,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		~,		ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		PEMBROKE PINES, FL 33028			PEMBRO	OKE PINES, FL 33028				
		06/15/2020	_	L	200001	63677				
3.		Date of filing/registration in Florida	4.			Document number				
5.	(a)	CARLOS E FERNANDEZ								
.,,	(,	Registered Agent and Registered Office shown on the records o	f the Florid	ja 1	Dept. of State.					
		2247 NW 171ST TERR								
		Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>(S)</u>						
		PEMBROKE PINES	<sub>L</sub> 3302	8		FI 2021 MAY 21 ALLAHASSI				
			.,			Me m				
	(b)	Registered Agents Inc.			<u>-</u>	F				
	Enter name of NEW Registered Agent and/or NEW Registered Office address:									
		7901 4th St N				• •				
		NEW Registered Office Address:								
		STE 300								
		- III								
		St. Petersburg	ւ3370	2						
the age was	cha nt v s/we	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members acles of organization or the operating agreement of the	of the reg liability o of the lit	isi 201 mi	tered office mpany, it is ted liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in				
R	<u>.: اړ</u>	- tak.	Ril	le	y Park					
	-	ture of a member or authorized representative of a member				Printed or typed name of signee				
pro the to r	visi obl nere ifjec	by accept the appointment as registered agent and ay ions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change.  Rill Hayre	e perforn led for in l hereby (	na C co	nce of my a hapter 605, nfirm that t	city, I further agree to comply with the laties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been				
Sig	<u> </u>	Bill Havre - Assista	nt Sech	e (	aı y					

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

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