

L2C 000 372805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

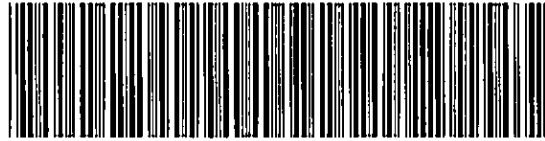
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 8, 2021

LOITNEY MARSCHKA  
1205 S FLAGLER AVE  
POMPANO BEACH, FL 33060

SUBJECT: DATAEXPERIENCE LIMITED LIABILITY COMPANY  
Ref. Number: L20000372805

We have received your document for DATAEXPERIENCE LIMITED LIABILITY COMPANY and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 021A00004822

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DATA EXPERIENCE LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Loitney Clarisse Marschka  
Name of Person

DATA Experience LLC  
Firm/Company

1205 S. Flagler Ave #405  
Address

Pompano Beach, Florida 33060  
City/State and Zip Code

clarissemarschka@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Loitney 'Clarisse' Marschka at (850) 774-4402  
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 amount:

☐ \$25 Filing Fee

*\$35<sup>00</sup>  
check  
\$39.98*

☒ \$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. Name of the limited liability company: DATA Experience

2. (a) 1205 S. Flagler Avenue #405 (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

Pompano Beach, FL 33060

3. November 30, 2020 4. L20000372805  
Date of filing/registration in Florida Document number

5. (a) John A. Marschka  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1205 S. Flagler Ave #405 Pompano Bch, FL 33060  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

\_\_\_\_\_, FL \_\_\_\_\_

(b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Loitney Clarisse Marschka

**NEW Registered Office Address:**

1205 S. Flagler Ave #405

Pompano Bch, FL 33060

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Loitney Clarisse Marschka  
Signature of a member or authorized representative of a member

Loitney Clarisse Marschka  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Loitney C. Marschka  
Signature of Registered Agent

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