W21000 310510

| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| | | | | | | |
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Office Use Only



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C. BRUMBLEY
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COVER LETTER

| TO: Registration Se Division of Co | | | | | | | | | | |
|---------------------------------------|---------------------------|-------------------|--------------------------------------|--|--|--|--|--|--|--|
| | • | | | | | | | | | |
| SUBJECT: 367 MARCELLO BLVD LLC | | | | | | | | | | |
| Name of Limited Liability Company | | | | | | | | | | |
| Dear Sir or Madam: | | | | | | | | | | |
| The enclosed Registere | ed Agent/Registered Off | fice Change and | fee(s) are submitted for filing. | | | | | | | |
| Please return all corres | pondence concerning th | is matter to the | following: | | | | | | | |
| Melissa Jones | | | | | | | | | | |
| | Name of Person | | | | | | | | | |
| ZenBusiness Inc. | | | | | | | | | | |
| | Firm/Company | | | | | | | | | |
| 336 E. College Ave. Suit | e 301 | | | | | | | | | |
| | Address | | | | | | | | | |
| Tallahassee, FL 32301 | | | | | | | | | | |
| Ci | ty/State and Zip Code | | | | | | | | | |
| ra@zenbusiness.com | | | | | | | | | | |
| E-mail address: (| to be used for future and | nual report notif | fication) | | | | | | | |
| For further information | concerning this matter | , please call: | | | | | | | | |
| Melissa Jones | | 844 at (| 493-6249 | | | | | | | |
| Name | of Person | a. (| Area Code & Daytime Telephone Number | | | | | | | |
| Mailing Add | ress: | | Street Address: | | | | | | | |
| Registration S | | | Registration Section | | | | | | | |
| Division of C | | | 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 | g amount: | | | | | | | | |
| □ \$25 Filing F | ee | □ \$ | 55 Filing Fee & Certified Copy | | | | | | | |
| 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.

| 1. | Na | me of the limited liability company: 367 MARC | ELL | O BLV | D LLC | | |
|---------------------------|---|--|--|---|---|---------------------|---|
| 2. | (a) | 3500 POSNER BOULEVARD | (b) 3500 POSNER BOULEVARD | | | | |
| - | (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | | |
| | | #1047 | | #1047 | | | |
| | | DAVENPORT, FL 33837 | - | DAVE | NPORT, FL | . 3383 | 7 |
| | | 07/07/2021 | | L21000 | 0310510 | | |
| 3. 5 | (a) | Date of filing/registration in Florida Registered Agents Inc. | 4. | I | Document number | | |
| | | | | | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET AD STE 300 | DDRES | <u>27</u> | | 20 Si | |
| | | St. Petersburg ,FL | 33702 | | IALLÀ | 2022 JUL Secret | 11 |
| | (b) | ZenBusiness Inc | | | HAX | :: ₹ | <u> </u> |
| | (0) | Enter name of NEW Registered Agent and/or NEW Registered C | Office ad | idress: | SSE | 의 유 | П |
| | | 336 E. College Ave. | | | ات. تد ش | PH 12: 01 | O |
| | | NEW Registered Office Address: | | | • | | EB |
| | | Suite 301 | | | | | |
| | | Tallahassee , FL | 32301 | | | | |
| cha age wa the | inge ent w s/we arti | mited liability company is not organized under the laws or changes are made, the Florida street address of the r vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li | egistere ility co the lim | ed office and ompany, it is uted hability | the business office hereby confirmed to company or as other | of the regi | stered nge(s) |
| | | Paul Nicholas Cordasco | <u>Pa</u> | | as Cordasco | | |
| I h pro the to i | nerel ovisi obli mere tifi e d | by accept the appointment as registered agent and agree on a fall statutes relative to the proper and complete pins of all statutes relative to the proper and complete pins of my position as registered agent as provided by reflect a change in the registered office address, I he writing of this change. | e to act erform for in (ereby co | b.: | Printed or typed name of city. I further agree outies, and I am family F.S. Or, if this dockness the limited liability of | - - • <i>l</i> - | with the and accept eing filed as been |

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