Division of Corporations



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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 : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE MARRA SHOES GROUP LLC

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K. Brumbley

## 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.

	une of the limited liability company:		
!. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	07/30/22	L2200	0337252
i.	Date of filing/registration in Florida	4.	Document number
. (a)	VALENTINO, ANTONIO		
. (.,	Registered Agent and Registered Office shown on the records of	of State:	
	Registered Office Address (MUST BE FLORIDA STREET 981 BAYBERRY POINT DRIVE	<del></del>	
	PLANTATION	L 33324	20
(b)	Registered Agents Inc  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>		2024 APR 22
	7901 4th St N		PR 12
	NEW Registered Office Address:		<del></del>
	STE 300		
	St. Petersburg	l	
he cha gent v vas/wa	imited liability company is not organized under the lainge or changes are made, the Florida street address civil be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the registered liability compan of the limited li	office and the business office of the registere y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
	ture of a member or authorized representative of a member	Robin Jone	
Signa	ture of a member or authorized representative of a member	<u> </u>	Printed or typed name of signee

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.

David Roberts - Assistant Secretary

Signature of Registered Agent