Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0380

Account Name

: CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003058

: (305)672-0686

Fax Number

: (305)672-9110

REGISTERED AGENT CHANGE

GREATER MARATHON BAY COMPANY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

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

1. The name of the limited liability company is: Greater Marethon Bay Company, LLC 2. The naming address of the limited liability company is: 329 N. BROAD STREET THOMASVILLE GA 31792 S76/2002 M02000002237 3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florido Department of State: JAY FULIS Name 171 ORANGE AVENUE Address MARATHON FLF 33050 City, State and Zip 3. The name and address of the new registered agent and/or office: Corporate Creations Network Inc. Name 11380 Prospecify Farms Read #22.1E Florida struct address (P.O. Box NOT acceptable) Palm Beach Gardens FL 33410 City, State and Zip 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 Plorida struct address of the registered office and the business office of the registered agent will be delined confirmed the limited liability company, it is hereby confirmed that the change(s) was were approximated on the corporate progression of the registered office and the business office of the registered agent and the limited liability company or as otherwise provided in the articles of organized on the corporate progression and registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes refutive to the proper and complete performance of my duties, and I am familiar with and accept the obligations of all statutes refutive to the proper and complete performance of my duties, and I am familiar with and accept the obligations of all natures refutive to the proper and complete performance of my duties, and I am familiar with and accept the obligations of all that acceptance of the obligations of all the states of the proper and complete performance of my duties, and I am familiar with and accept reflect a change in the registered agent as provided for in Chapter 608, F.S. Or, i		=			er both, in the State of Florida	.
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3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: JAY FULIS	2. The mailing address of the	e limited liability com	pany is: <u>329 N. BR</u>	OAD STREET		••
3. Date of filling/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: IAY FULIS	THOMASVILLE GA 3179	72				. •
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Florida Department of State: JAY PULIS				Document number		-
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