

# Florida Department of State

## Division of Corporations

### Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : J L HOFMANN & ASSOCIATES, P.A.  
Account Number : I19990000022  
Phone : (305)670-6370  
Fax Number : (305)670-3390

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

Email Address: usva@usvaagents.com

### REGISTERED AGENT CHANGE

### MARQUIS MASTER ASSOCIATION, INC.

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

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C. GOLDEN

SEP 20 2019

**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: MARQUIS MASTER ASSOCIATION, INC.
2. (a) 1100 BISCAYNE BLVD, MIAMI, FL 33132  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)
- (b) 1100 BISCAYNE BLVD, MIAMI, FL 33132  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

3. June 22, 2009 Date of filing/registration in Florida
4. N09000006138 Document number

5. (a) KRUT, JOSHUA D  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

KOPELOWITZ OSTROW, P.A.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

200 E. PALMETTO PARK RD #103

BOCA RATON, FL 33432

- (b) United States Registered Agents, Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

United States Registered Agents, Inc.

NEW Registered Office Address:

9300 S. Dadeland Blvd, Ste 600

Miami, FL 33156

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.

[Signature]  
Signature of a member or authorized representative of a member

Raoul Thomas

[Signature]  
Printed or typed name of signer

*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.*

[Signature]  
Signature of Registered Agent

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

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