

N140000006221

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

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ALLAHABAD, UTTAR PRADESH

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FEB 14 2018

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Change of registered agent-Marco Island Executive Suites, Inc.  
Name of Corporation

N14000006221

**DOCUMENT NUMBER:**

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicole Shannahan

Name of Contact Person

Marco Island Executive Suites, Inc.

Firm/Company

1845 San Marco Road, Suite 303

Address

Marco Island, FL 34145

City/State and Zip Code

admin@myfaithusa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ruben A. Roebert

239

693-2484

at ( )

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Marco Island Executive Suites, Inc.  
2. The principal office address: 1845 San Marco Road, Suite 303, Marco Island, FL 34145  
3. The mailing address (if different): N/A

4. Date of incorporation/qualification: 6/17/2014 Document number: N14000006221

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned; enter resigned)

SHATTUCK, TAMERA L  
1845 SAN MARCO ROAD  
303  
MARCO ISLAND, FL 34145

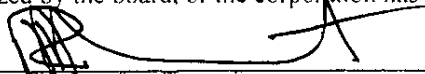
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Nicole Shannahan  
1845 San Marco Road, Suite 303

P.O. Box NOT acceptable  
Marco Island, FL 34145

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

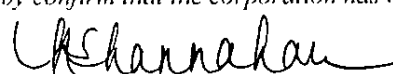
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Ruben A. Roebert

Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

2/7/2018

Date

If signing on behalf of an entity:

Nicole Shannahan  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*