## N21000004905

(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:				
Rec. 03/18/24				
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MAR 2 : 1914				

Office Use Only



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

statement of cha	provisions of sections 607.0502, 617.0502 age is submitted for a corporation organiz- to change its registered office or register	zed under the laws of the State of $\overline{Flo}$	rida	
	he corporation: Marco Rubio for Senate Inc			
2. The principal Miami, FL 33173	office address: 7000 SW 97th Ave., Suite 20	01		
3. The mailing a	ddress (if different): NA			
4. Date of incorp	poration/qualification: 8/23/10	Document number: N21000004	905	
5. The name and	street address of the current registered ag tment of State: (If resigned, enter resigned	ent and registered office on file with		
	Cogency Global Inc.			
	Cogency Global Inc.  115 North Calhoun Street, Suite 4			
	Tallahassee, FL 32301		RIS AP	
6. The name and (if changed):	Tallahassee, FL 32301  street address of the new registered agent	t (if changed) and /or registered office	LED 8 AM 8: 02 RY OF STATE	
	C T Corporation System			
	1200 South Pine Island Road			
	P O. Box Plantation, Florida 33324	NOT acceptable		
The street addre	ess of its registered office and the street a be identical.	address of the business office of its r	registered agent,	
Such change wa	is authorized by resolution duly adopted to board, or the corporation has been not	by its board of directors or by an of ified in writing of the change.	ficer so	
Clinahoth Holcombo. Elizab		Elizabeth Holcombe Authorized Indi	h Holcombe Authorized Individual	
Signature of an officer or director Printed or typed name and title			<del>-</del>	
I further agree of my duties, and document is bei	the appointment as registered agent and to comply with the provisions of all stated I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change.	d agree to act in this capacity, ues relative to the proper and comp gation of my position as registered of registered office address, I hereby	lete performance agent. Or, if this confirm that the	
MUMA	Theresa Buck, Assistant Secretary	3/20/2024		
Sig	nature of Registered Agent	Date		
If signing on bo	half of an entity:			
T T	yped or Printed Name  * * * FILING FE	E: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

By: