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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: MARIN AND SONS, INC
Name of Corporation

DOCUMENT NUMBER: P0000044580

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:

STEVEN MARIN

Name of Contact Person

MARIN AND SONS

Firm/Company

16155 SW 117 AVE. SUITE B21

Address

MIAMI, FL 33177

City/State and Zip Code

sm@marinandsons.com

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

For further information concerning this matter, please call:

STEVEN MARIN

,305 🖠

962-2400

Name of Contact Person

1. 1.

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this range is submitted for a corporation organized under the laws of the State of Florida
·	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: MARIN AND SONS, INC.
2. The principa	office address: 16155 SW 117 AVE., SUOTE B21
	MIAMI, FL 33177
3. The mailing	address (if different): SAME AS ABOVE
4. Date of incor	rporation/qualification: 05/03/2000 Document number: P0000044580
	d street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)
	MARIA MARIN
	16155 SW 117 AVE SUITE B21
	MIAMI, FL 33177
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered office
	STEVEN MARIN CERTIFICATION SECRETARIAN STEVEN MARIN
	16155 SW 117 AVE SUITE B21
	P.O. Box NOT acceptable
	MIAMI, FL 33177
The street addr as changed wil	ess of its registered office and the street address of the business office of its registered agent.  I be identical.
	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Signati	Ciciley Falls Exec 155 start / See
I hereby accept I further agree performance of agent. Or, if th hereby confirm	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete f my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
- <del></del>	11/19/18
Sig	gnature of Registered Agent Date
If signing on bo	chalf of an entity:
	n Marin
	Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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