P04000159055

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(Address)
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Marseco, Inc. (Name of Corporation)
DOCUMENT NUMBER: PO4000159055
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:
(Name of Contact Person)
(Name of Contact Person)
(Firm/Company)
(Firm/Company)
10926 Sailbrooke Drive (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (813) (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 change	isions of sections 607.0502, is submitted for a corporati change its registered office	ion organized u	ınder the laws o	of the State of _	Klorina	
1. The name of the c	orporation: MARSE	co, Inc				-
2. The principal office	orporation: MARSE ce address: 13024 C	usterford w El	Run Dr.	ive		·
	ess (if different):					
4. Date of incorporat	tion/qualification:		Document num	nber: Po4a	00/590-	55
5. The name and stre Florida Departmen	eet address of the current regent of State;	gistered agent a	and registered o	ffice on file with	h the	
	David K	. Lowe				. •
	13024 W	atartors A	Run Driv	· .	•	
	David K 13024 WA Rivelview	, FL	33569	:	· -	
6. The name and stre (if changed):	eet address of the new regist				>>∴ ೧	1
	10926 S	s 400 > 50	· Delve	<u></u>	7 AF	m
	10926 S (P.O. Box NO RIVERVIEW	Tacceptable)	3569	 	STATE FLORIE	O.
The street address of as changed will be in	of its registered office and to dentical.				~	ent,
Such change was au authorized by the bo	thorized by resolution dul bard, or the corporation ha	y adopted by i	ts board of dir I in writing of	ectors or by an the change.	officer so	
W Ju	an officer or director)	<u> </u>	William	or typed name and to	žov.	
	appointment as registered omply with the provisions of am familiar with and acceptive and amerely to reflect a cho on notified in writing of thi					ance f this t the
۔۔ کس			10 13	300Z		
	re of Registered Agent)			(Date)		
If signing on behalf	of an entity:					
(Typed	or Printed Name)	· · ·		;· ==		
	*** F[LING FEE: \$	35.00 * * *	_		