

PD8000015432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

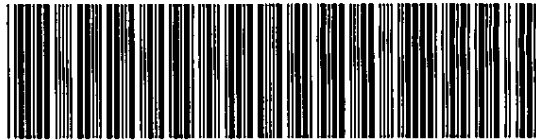
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16 NOV - 1 AM 10:09
CLERK OF STATE
DIVISION OF CORPORATIONS

NOV 03 2016
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Marco Glass and Mirror Corp
Name of Corporation

DOCUMENT NUMBER: P08000015432

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:

Marco Larice
Name of Contact Person
Marco Glass and Mirror Corp
Firm/Company
617 NE 125 St
Address
North Miami FL 33161
City/State and Zip Code
Marco.glass@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marco Larice at 786, 295-5555
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

STATE DEPT. OF STATE
DIVISION OF CORPORATIONS
16 NOV - 1 AM 10:09

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 Glass and Mirror Corp.
2. The principal office address: 617 NE 125 St
North Miami FL 33161
3. The mailing address (if different): same as above
4. Date of incorporation/qualification: 2/2009 Document number: PO 8000015432

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)

015 Address: 8300 N.E 10th Ave
Miami, FL 33138

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

New Address: Marco Larice
617 NE 125 St
P.O. Box NOT acceptable
North Miami FL 33161

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] MARCO LARICE President
Signature of an officer or director 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] 10/25/16
Signature of Registered Agent Date

If signing on behalf of an entity:

MARCO LARICE
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

16 NOV - 1 AM 10:09
DIVISION OF CORPORATIONS
STATE OF FLORIDA