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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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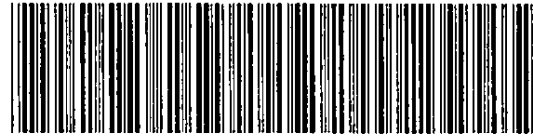
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. LEMIEUX

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MARR DEVELOPMENT OF CENTRAL FLORIDA
Name of Corporation

DOCUMENT NUMBER: 20.2287033 11100052430

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:

Juan P. Marrero, Sr

Name of Contact Person

MARR DEVELOPMENT OF CENTRAL FLORIDA

Firm/Company

3311 SW Savona Blvd.

Address

Port St Lucie, FL 34953

City State and Zip Code

MARR12341@YAHOO.COM

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

For further information concerning this matter, please call:

Juan P. Marrero, Sr

Name of Contact Person

772 528.0961

at (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: MARR DEVELOPMENT OF CENTRAL FLORIDA, INC

2. The principal office address: 1221 SW Malaga Avenue, Port St Lucie, FL 34953

3. The mailing address (if different): same

4. Date of incorporation/qualification: 2004

Document number: 20.2287033/P110000 D-139

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)

Juan P. Marrero, Sr.

~~3311 SW Savona Blvd.~~

1221 SW Malaga Ave

Port St Lucie, Florida 34953

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

Juan P. Marrero, Sr.

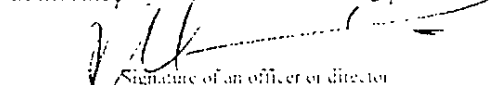
3311 SW Savona Blvd

P.O. Box NOT acceptable

Port ST Lucie, Florida 34953

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

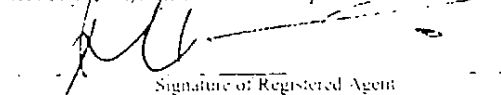
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Juan P. Marrero, Sr.

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

MAY 30 2017
Date

If signing on behalf of an entity:

Juan P. Marrero, Sr.

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