## P14000026206

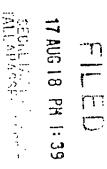
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Marina Bay Investments of Tampa Inc

Name of Corporation

DOCUMENT NUMBER: P14000026206

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:

## Rema Hasan

Name of Contact Person

Marina Bay Investments of Tampa Inc

Firm/Company

4619 Rue Bordeaux

Address

Lutz, Florida 33558

City/State and Zip Code

asemh89@gmail.com

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

For further information concerning this matter, please call:

Rema Hasan

<sub>7</sub>813 \96666

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

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

statement of cha	nge is submitted for a corpo	502, 617.0502, 607.1508, or 617.1508, Florida 8 or 617.1508, In the State of F	Florida
1. The name of t	the corporation: Marina E	Bay Investments of Tampa Inc	
2. The principal	office address: 4619 Rue	e Bordeaux Lutz, Fl. 33558	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 3/2	1/2014 Document number: P1400	0026206
	I street address of the curren tment of State: (If resigned,	it registered agent and registered office on file wi	ith the
	Asem Hasan		
	4619 Rue Bordeaux		
	Lutz, Fl. 33558		FILE 18
6. The name and (if changed):	street address of the new re	egistered agent (if changed) and /or registered of	ice / 8 PH
	Rema Hasan		
	4619 Rue Bordeaux	<b>(</b>	
	Lutz, Fl. 33558	P.O. Box NOT acceptable	
as changed will	ss of its registered office ar be identical.	and the street address of the business office of its duly adopted by its board of directors or by an chas been notified in writing of the change.	
authorized by the	e board, or the corporation	Rema Hasan	
I hereby accept I further agree t performance of agent. Or, if thi	o comply with the provision my duties, and I am familia s document is beiny filed m	Printed or typed name and tul- red agent and agree to act in this capacity, ns of all statutes relative to the proper and com ir with and accept the obligation of my position terely to reflect a change in the registered offici en notified in writing of this change.	plete as revistered
flom	Lasan	8/16/2017	
	nature of Registered Agent	Date	<del></del>
	nalf of an entity:		
Rema Hasa	ped or Printed Name	<del></del>	

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