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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT Marsh Law Firm, P.A.

Name of Corporation

DOCUMENT NUMBER P14000042453

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:

Crystal J Marsh, Esq.

Name of Contact Person

Marsh Law Firm, P.A.

Firm/Company

P. O. Box 7446

Address

Port Saint Lucie, Florida 34985-7446

City/State and Zip Code

cmarshlawfirm@gmail.com

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

For further information concerning this matter, please call:

Crystal J Marsh

.,772

(237-4211

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 ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute ange is submitted for a corporation organized under the laws of the State of Florider to change its registered office or registered agent, or both, in the State of Florida	a	-
1. The name of	the corporation: Marsh Law Firm, P.A.		
2. The principal 34952	l office address: 10302 S. Federal Highway, #181, Port Saint Lι	ıcie, Fl	orida
3. The mailing	address (if different): P.O. Box 7446, Port Saint Lucie, Florida 34	985-74	446
4. Date of incor	poration/qualification: 05/12/2014 Document number: P1400004	2453	
5. The name an	d street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)		
	Crystal J. Marsh, Esq.		
	3801 PGA Boulevard, Suite 600	3 0:	****
	Palm Beach Gardens, Florida 33410		\$16 JUL 22
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	KAY OF STATE ASSEFLE LORID.	22 AM
	Crystal J. Marsh, Esq.	RUT.	ئ ئ
	10302 S. Federal Highway, #181	ू हुए। जिल्ला	00
	P.O. Box NOT acceptable Port Saint Lucie, Florida 34952		
The street address changed will	ess of its registered office and the street address of the business office of its regis	tered age	nt,
Such change wanthorized by the	as authorized by resolution duly adopted by its board of directors or by an officer he board, or the corporation has been notified in writing of the change.	r so	
Englad J. 1	Crystal J. Marsh, Esq., President Printed or typed name and title		· -
I hereby accept I further agree performance of	the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete for my duties, and I am familiar with and accept the obligation of my position as registered office additional to the registered office additional the corporation has been notified in writing of this change.	gistered ress, I	
Sig	enature of Registered Agent Date		-
If signing on be	chalf of an entity:		
. т	Company Desirted 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 * * *