## P15000004242

(Rec	uestor's Name)	
(Add	lress)	
(Add	lress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Na	me)
(Doc	cument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		

Office Use Only



200344503512

05/18/20+-01019--016 \*\*35.00

2020 MAT 18 PH 5: 00

O SIMMONS

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: TO-BE MARKETING, INC. Name of Corporation	
·	
DOCUMENT NUMBER: P150000424	42
The enclosed Statement of Change of Registered Office	ce/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
YENY PAOLA RICD	
Name of Contact Person	
TU-BE MARKETING	<del></del>
Firm/Company	
325 S. BISCARNE BW #1121 Address	
MIAMI, FL 33 131 City/State and Zip Code	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
Name of Contact Person	at (305) 7675444 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depart	rtment of State.
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations The Courter of Tallahaman
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of chan	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this gc is submitted for a corporation organized under the laws of the State of FLORIDA to change its registered office or registered agent, or both, in the State of Florida.
1. The name of th	e corporation: TU-BE MARKETING, INC
	ffice address: 325 S. BISCAPINE BLUD # 1121
	MIAMI, FL 33131
3. The mailing ad	dress (if different):
4. Date of incorpo	oration/qualification: 01/15/2015 Document number: P15000004242
	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
_	YENY PAOLA RICO
-	3530 MYSTIC POINTE DR, #LP13
_	AVENTURA, FL 33180
6. The name and (if changed):	Street address of the new registered agent (if changed) and /or registered office
-	325 S. BISCAYNE BLUD. # 1121
-	P.O. Box NOT acceptable  MIAMI, FL 33131
Such change was authorized by the Signature I hereby accept to further agree to document is bein corporation has Signature Signing on beh	s of its registered office and the street address of the business office of its registered agent, to identical.  authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.  Of an officer or director  Printed or typed name and title  the appointment as registered agent and agree to act in this capacity. It is comply with the provisions of all statutes relative to the proper and complete performance. I am familian with and accept the obligation of my position as registered agent. Or, if this gilled merely to reflect a change in the registered office address. I hereby confirm that the been notified in writing of this change.  Date  Date  Date
	* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314