P15000000059

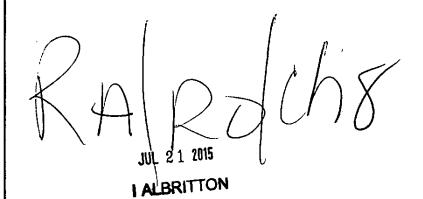
| (Re | equestor's Name) | |
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| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Ви | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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COVER LETTER

| Division of Corporations | | | |
|--|--|--|--|
| SUBJECT: Marcus Dayell Malone SR. PA. Name of Corporation | | | |
| DOCUMENT NUMBER: PISO00010659 | | | |
| 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: | | | |
| Marcus Malone Sa. Name of Contact Person | | | |
| Firm/Company | | | |
| 410 Cama Drive Address | | | |
| Davenpart, Florida 33857 City/State and Zip Code | | | |
| E-mail address: (to be used for future annual report notification) | | | |
| For further information concerning this matter, please call: | | | |
| Marcus Malone SR at (407) 233-7903 Name of Contact Person at (407) 233-7903 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 Clifton Building 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 |
|--|
| 1. The name of the corporation: Marcus Donyell Malone SR, PA. |
| 2. The principal office address: 410 Canna Drive Dovenport, Florida 33897 |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: Feb, 62 2015 Document number: P15000010659 |
| 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) |
| Corporation Service Company |
| 1201 Hays Street |
| |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| Mercus Malone Marcus Dongell Malone SA. PA. 3 |
| P.O. Box NOT acceptable |
| Devenport Florida 33857 |
| 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 Marcis Donnell Molane S.A. P.A. 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 Registrand Agent |
| Signature of Registered Agent Date |
| If signing on behalf of an entity: |
| Typed or Printed Name |

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