

P15000043520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

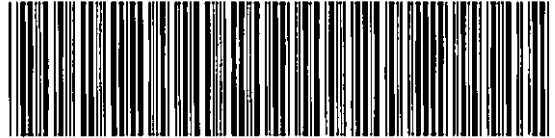
(Business Entity Name)

(Document Number)

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DIVISION OF DISTRICT COURT
2018 JUL 23 AM 11:02

JUL 25 2018
CLERK

COVER LETTER

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

TO: Amendment Section
Division of Corporations

2018 JUL 23 AM 11:18

SUBJECT:

Marzo & Associates

Name of Corporation

DOCUMENT NUMBER:

PL5000043520

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:

Peter Marzo

Name of Contact Person

Marzo & Associates

Firm/Company

400 N Ashley Drive Suite 1900

Address

Tampa, FL 33602

City/State and Zip Code

Marzo2real@yahoo.com

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

For further information concerning this matter, please call:

Peter Marzo

Name of Contact Person

at (516) 315-9951

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Marco & Associates
2. The principal office address: 400 N Ashley Drive Suite 1900
Tampa, FL 33602
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 5/14/15 Document number: PL5000043520

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)

Peter Marco
100 S. Ashley Drive Suite 600
Tampa, FL 33602

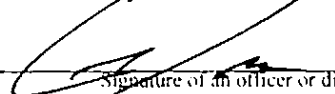
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Peter Marco
400 N. Ashley Drive Suite 1900
Tampa, FL 33602

P.O. Box NOT acceptable

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.

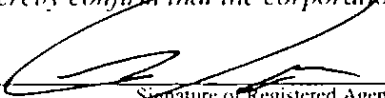


Signature of an officer or director

Peter Marco

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

7/16/18

Date

If signing on behalf of an entity:

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

FILED
JUL 23 AM 11:18
DIVISION OF CORPORATIONS
TALLAHASSEE, FL