

P15000053516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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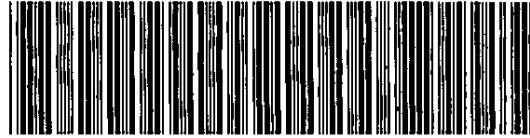
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
16 JUL 21 PM 3:56

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 3, 2016

FLAVIA FOGLI
MARCO SIMEON CORPORATION
1017 JEFFERSON AVENUE APT 301
MIAMI BEACH, FL 33139

SUBJECT: MARCO SIMEON CORPORATION
Ref. Number: P15000053516

We have received your document for MARCO SIMEON CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 216A00011721

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16 JUL 20 PM 1:26
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
DIVISION OF CORPORATIONS
16 JUL 20 PM 3:56

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Marco Simeon Corporation

Name of Corporation

P15000053516

DOCUMENT NUMBER:

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:

Flavia Fogli

Name of Contact Person

Marco Simeon Corporation

Firm/Company

1017 Jefferson avenue apt 301

Address

33139 Miami Beach FL

City/State and Zip Code

blqmiami1@gmail.com

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

For further information concerning this matter, please call:

Flavia Fogli

786

3766777

at ()

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

RECEIVED BY DEPT. OF STATE
DIVISION OF CORPORATIONS
16 JUL 2011 PM 3:57

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

1. The name of the corporation: Marco Siméon Corporation
2. The principal office address: 1017 Jefferson avenue apt 301
33139 Miami Beach FL
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 6/22/2015 Document number: P15000053516

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)

ROBERT ALLEN LAW, P.A.

1441 BRICKELL AVENUE, SUITE 1400 MIAMI, FL 33131

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

Flavia Fogli

1017 Jefferson Avenue apt 301

P.O. Box NOT acceptable

33139 Miami Beach FL

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.

Marco Siméon
Signature of an officer or director

PRESIDENT
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.

Flavia Fogli
Signature of Registered Agent

07/18/2016
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