

PI6 0000 17672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

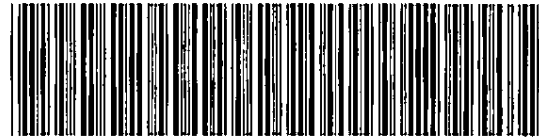
(Business Entity Name)

(Document Number)

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Y. SULKER

MAR 16 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 18, 2021

JEFFREY H MARCUS
314 VIZCAYA DRIVE
PALM BEACH GARDENS, FL 33448

SUBJECT: THE LAW OFFICES OF JEFFREY H. MARCUS, ESQUIRE, P.A.
Ref. Number: P16000017672

We have received your document for THE LAW OFFICES OF JEFFREY H. MARCUS, ESQUIRE, P.A. and check(s) totaling \$25.00. However, the document has not been filed and is being returned for the following reason(s):

There is a balance due of \$10.00. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a LLC, but your entity is a CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 921A00003201

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Law Offices of Jeffrey H. Marcus, Esquire, P.A.
Name of Corporation

DOCUMENT NUMBER: P16000017672

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:

Jeffrey H. Marcus
Name of Contact Person

The Law Offices of Jeffrey H. Marcus, Esquire, P.A.
Firm/Company

314 VIZCAYA DRIVE
Address

PALM BEACH GARDENS, FL 33418
City/State and Zip Code

jeff@marcuslawoffice.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey H. Marcus at (610) 812-7212
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of the corporation: The Law Offices of Jeffrey A. Marcus, Esquire, P.A.
2. The principal office address: 314 Vizcaya Drive
Palm Beach Gardens, FL 33418
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2/24/2016 Document number: P16000017672
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)
Corporate Creations Network Inc.
11380 Prosperity Farms Road #221E
Palm Beach Gardens, FL 33410

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

Jeffrey H. Marcus
314 Vizcaya Drive
Palm Beach Gardens, FL 33418

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]
Signature of an officer or director

Jeffrey H. Marcus 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.

[Signature]
Signature of Registered Agent

2/27/21
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
CR2E045 (04/13)