(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(D. C. Carlotte and				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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3/6/20

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJI Name	ECT: Marom Services Inc of Corporation
DOCU	JMENT NUMBER: P17000072018
The en	iclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	of Contact Person
	s Services
	Company
	łE 16ւհ PL
Addre	ss
Fort La	auderdale 33305
City/S	tate and Zip Code
	maromhayut@gmail.com
E-mai	l address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
Maron	n Hayot at (561 )846-9356
	Name of Contact Person at (561 )846-9356  Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the Department of State.
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

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

statement of cha	nge is submitted for a corporation (	7.0502, 607.1508, or 617.1508, Florida Statutes, organized under the laws of the State of <u>FL</u> registered agent, or both, in the State of Florida.	this 	
1. The name of t	he corporation: Marom Services Inc			
	office address: 1005 NE 16th PL For			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 08/28/2017	Document number: P17000072018		
	I street address of the current registe tment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)		
	Marom Hayot			
	1959 HUNTERS CTWELLINGTON	N, F1. 33414	2020	SIAIC
			2020 FEB 13	<u>ت</u> با ا
6. The name and (if changed):	I street address of the new registere	d agent (if changed) and /or registered office	13 PM 2	N OF CORPURATE
	Marom Hayot		2: 0	
	1005 NE 16TH PL FORT LAUDER	RDALE 33305	8	~
	1	P.O. Box NOT acceptable		
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its registe	ered a <sub>l</sub>	gent,
_		dopted by its board of directors or by an officer sen notified in writing of the change.		
_		Marom Hayot - Owner		
•	re of an officer or director	Printed or typed name and title		
I further agrée of my duties, ar document is be	the appointment as registered age to comply with the provisions of a d I am familiar with and accept thing filed merely to reflect a chapet is been notified in writing of this ch	ent and agree to act in this capacity, Il statutes relative to the proper and complete po he obligation of my position as registered agent. In the registered office address, I hereby confi- hange.	erform Or, i rm tha	iance f this it the
	~	02/06/2020		
Sig	nature of Registered Agent	Date		
If signing on bo	half of an entity:			
1	yped or Printed Name			

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

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