

P17000074675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

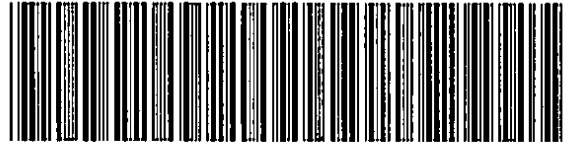
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TO: Amendment Section
Division of Corporations

SUBJECT: MRKTR, Inc.
Name of Corporation

DOCUMENT NUMBER: P17000074675

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:

Troy F. Meyerson

Name of Contact Person

Fraser Stryker, PC LLO

Firm/Company

409 South 17th Street, 500 Energy Plaza

Address

Omaha, NE 68102

City/State and Zip Code

ayoung@inspirasoft.com

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

For further information concerning this matter, please call:

Margaret A. Rossiter

at (402)

341-6000

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: MRKTR, Inc.
2. The principal office address: 5401 South Kirkman Road, Suite 310, Orlando, Florida 32819
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/12/2017 Document number: P17000074675
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)

Adam M. Young

308 W. University Avenue, Suite B

Gainesville, FL 32601

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

5401 South Kirkman Road

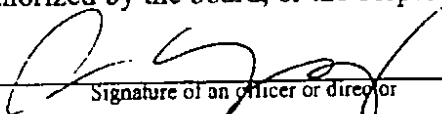
Suite 310

P.O. Box NOT acceptable

Orland, Florida 32819

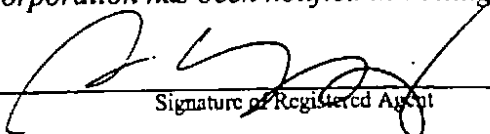
The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

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

Adam Young
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 document is being filed merely to reflect a change in the registered office address, I hereby confirm that corporation has been notified in writing of this change.


Signature of Registered Agent

11/6/2022
Adam Young
Date

If signing on behalf of an entity:

Adam Young
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