## P18 000000 360

| (Re                                     | questor's Name)   |           |
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| (Address)                               |                   |           |
| •                                       | ,                 |           |
| (Address)                               |                   |           |
|   |                   |           |
| (Cit                                    | y/State/Zip/Phone | : #)      |
| PICK-UP                                 | WAIT              | MAIL      |
|   |                   |           |
| (Bu                                     | siness Entity Nam | ne)       |
|   |                   |           |
| (Do                                     | cument Number)    |           |
| Certified Copies                        | _ Certificates    | of Status |
| Special Instructions to Filing Officer: |                   |           |
|   |                   |           |
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Office Use Only



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## COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: Marencic Consulting, Inc. Name of Corporation P18000000360 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: Andrej Marencic Name of Contact Person Marencic Consulting, Inc. Firm/Company 400 N 13th Ave Address Hollywood,FL 33019 City/State and Zip Code andrej.marencic@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Andrej Marencic Name of Contact Person

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

|  | •  | 7.0502, 607.1508, or 617.1508. Florida Statutes, this organized under the laws of the State of  |  |
|--|--|---|--|
|  |  | registered agent, or both, in the State of Florida.   |  |
|  | the corporation: Marencic Con  |   |  |
| 2. The principal   | office address: 8579 Dynasty   | Dr, Boca Raton, FL 33433  |  |
| <del></del>  |  |   |  |
| 3. The mailing a   | ddress (if different):   |   |  |
| 4. Date of incor   | poration/qualification: 10/12/20   | 15  |  |
|  | I street address of the current registe<br>timent of State: (If resigned, enter re   | ered agent and registered office on file with the esigned)  |  |
|  | Andrej Marencic  |   |  |
| 400 N 13th Ave   |  |   |  |
|  | Hollywood, FL 33019  | 2019 NOV  |  |
| 6. The name and street address of the new regis (if changed):                                    |  | d agent (if changed) and /or registered office $\infty$   |  |
|  | Andrej Marencic  | PH 4: 33  |  |
|  | 8579 Dynasty Dr  | - 33<br>33  |  |
|  |  | x NOT acceptable  |  |
|  | Boca Raton, FL 33433   |   |  |
| The street addre<br>as changed will  | ss of its registered office and the s<br>be identical.   | treet address of the business office of its registered agent.   |  |
| Such change wa authorized by the   | s authorized by resolution duly add<br>e board, or the corporation has bee   | opted by its board of directors or by an officer so en notified in writing of the change.   |  |
|  | ace -  | Andrej Marencic, Owner  |  |
|  | e of an officer or director  | Printed or typed name and title   |  |
| I hereby accept<br>I further agree to<br>performance of<br>agent. Or, if thi<br>hereby confirm i | the appointment as registered ager<br>o comply with the provisions of all<br>my duttes, and I am familiar with a<br>s document is being filed merely to<br>that the corporation has been notif | nt and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as registered oreflect a change in the registered office address, I fied in writing of this change. |  |
|  | 11/10/2019   |   |  |
| -  | ature of Registered Agent  | Date  |  |
| If signing on bel  | palf of an entity:   |   |  |
| - <del></del>  | ped or Printed Name  |   |  |

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