P18000077014

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COVER LETTER

то:	Registration Section Division of Corporations	•			
CUDI	4th Marketing Group	_			
SUBJ	Name -	of Limited 1	Liability Company		
Dear	Sir or Madam:				
The c	enclosed Registered Agent/Registered Office	: Change an	nd fee(s) are submitted for filing.		
Pleas	se return all correspondence concerning this	matter to th	e following:		
Arle	ene Armentero ≤				
	Name of Person	· · · · ·			
4th	Marketing Group				
-	Firm/Company			:55 조	
199	Ocean Lane Drive, Apt. 307			AL AUR	
	Address				
Key	Biscayne, FL 33149			3:08	
	City/State and Zip Code			ຼີລ	- 55 - 52 - 52 - 53
arle	ene.armenteros@gmail.com				
	E-mail address: (to be used for future annu	ial report no	otification)		
For	further information concerning this matter,	please call:			
Arle	ene Armenteros	305	546-0814		
- -	Name of Person	\	Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
	Enclosed is a check for the following	amount:			
	■ \$25 Filing Fee	C	\$55 Filing Fee & Certified Copy		

INHS18 (2/14)



October 25, 2018

ARLENE ARMENTEROS 4TH MARKETING GROUP 199 OCEAN LANE DRIVE, APT 307 KEY BISCAYNE, FL 33149

SUBJECT: 4TH MARKETING GROUP, INC.

Ref. Number: P18000077014

We have received your document for 4TH MARKETING GROUP, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Liability Company, but your entity is a Corporation. Please complete and return the enclosed blank form(s).

The filing fee is a total of \$35.00. We will need an additional \$10.00.

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.

Diane Cushing Senior Section Administrator

Letter Number: 918A00022002

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 Plotida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: 4th Marketing 60000. 2. The principal office address: 199 Ocean Lave 5114, ste 307,
2. The principal office address: 199 Ocean Lave Drive, ste 307,
Key Biscagle FL 33149
3. The mailing address (if different):
4. Date of incorporation/qualification: 50pt. 11, 2013 Document number: P18 000 7744
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)
Celvited States Corporation Agants, Drc
13302 Windry Cak Court , Suite A
Tampa, FL 33612
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
arlene armenteros
199 Clean Lave Drive, ste 207
Leg Biscagne, FL 33149
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.
Atlene Amentous Disident Signature of an officer or director Atlene Amentous Disident 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.
A Lan Sugnature of Registered Agent 11-9-18 Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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