

P19 000047897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

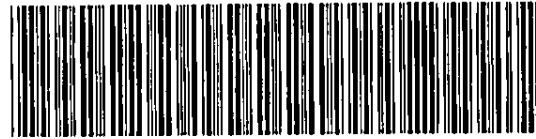
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100339000681

01/15/20--01014--008 **35.00

2020 FEB 11 3 41:55

C. GOLDEN

FEB 11 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MARQUEE SOLUTIONS, INC.
Name of Corporation

DOCUMENT NUMBER: P19000047897

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:

AUSTIN LOMBARDI
Name of Contact Person

MARQUEE SOLUTIONS, INC.
Firm/Company

13591 COLUMBINE AVENUE
Address

WELLINGTON, FL 33414
City/State and Zip Code

NICA.EXPORT@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL LOMBARDI at 561, 907-6871
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: MARQUEE SOLUTIONS, INC.
2. The principal office address: 16266 WHITE HAWK DR., PARKER,
CO 80134
3. The mailing address (if different): 13591 COLUMBINE AVE, WELLINGTON, FL 33414
4. Date of incorporation/qualification: 06/04/2019 Document number: P19000047897
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)

MICHAEL LOMBARDI
2209 MONACO VISTA DR., #104
TAMPA, FL 33619

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

AUSTIN LOMBARDI
13591 COLUMBINE AVENUE
P.O. Box NOT acceptable
WELLINGTON, FL 33414

2020 JAN 13 AM 11:55

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.

MICHAEL LOMBARDI
Signature of an officer or director

MICHAEL LOMBARDI, 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.

AUSTIN LOMBARDI
Signature of Registered Agent

1/9/2020
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)