

V66476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

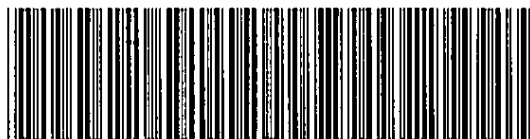
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

DEC 20 2017  
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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: **Marcum Inc**

Name of Corporation

DOCUMENT NUMBER: **V66476**

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:

**Patience Marcum**

Name of Contact Person

**Marcum Inc**

Firm/Company

**PO Box 400**

Address

**Okeechobee, FL 34973**

City/State and Zip Code

**admin@mymarcum.com**

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

For further information concerning this matter, please call:

**Patience Marcum**

Name of Contact Person

at ( **863** ) **467-0331**

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: Marcum Inc
2. The principal office address: 1120 S Parrott Ave  
Okeechobee, FI 34973
3. The mailing address (if different): PO Box 400, Okeechobee, FI 34973
4. Date of incorporation/qualification: 09/25/1992 Document number: V66476
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)

Sneider, Glen

200 SW 9th St

Okeechobee, FL 34974

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

Patience Marcum

1120 S Parrott Ave

P.O. Box NOT acceptable

Okeechobee, FI 34974

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

Patience Marcum

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.*

  
Signature of Registered Agent

12-12-2017

Date

If signing on behalf of an entity:

Patience Marcum

Typed or Printed Name

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