M20000003441

(Requestor's Name)			
(Ad	(Address)		
(Address)			
	y/State/Zip/Phone #	<u></u>	
(Cil	ly/Otate/Zip/Filone a	•)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Name)	
,	,	,	
(LC	cument Number)		
Certified Copies	_ Certificates o	of Status	
Special Instructions to	Filing Officer:	1	
Special instructions to	riling Officer,		
		_	

Office Use Only



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2023 SEP 13 AM 9: 58



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date: 0	9/13/2023	
Name:	Merritt	
Reference #:	2119007	
Entity Name:_	MAROO	N CAPITAL, LLC
Articles	of Incorporation/Authorizatio	n to Transact Business
Amenda	nent	
	of Agent	
Reinstat	ement	
☐ Convers	sion	
Merger		
☐ Dissolut	ion/Withdrawal	
Fictitious	s Name	
Other_		
Authorized Am	ount: \$25	
Signature:	mw	

F: +852.2682.9790

COVER LETTER

TO:	Registration Section Division of Corporations				
		MAROON CARITAL ALIC			
SUBJ	ECT:	MAROON CAPITAL, LLC			
	•	Name of Limited Liability Company			
Dear S	Sir or Madam:				
The e	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.			
Please	return all correspondence concernin	g this matter to the following:			
	Name of Person				
	COGENCY GLOBAL IN	IC.			
	Firm/Company				
	115 North Calhoun Street, S	Suite 4			
	Address				
	Tallahassee, FL 3230	1			
	City/State and Zip Coo	le			
	dlittwin@dugganbertsch.	com			
	E-mail address: (to be used for future				
For fu	rther information concerning this ma	tter, please call:			
	N	at ()			
	Name of Person	Area Code & Daytime Telephone Nur	поег		
	STREET/COURIER ADDRESS:	: MAILING ADDRESS:			
	Registration Section	Registration Section			
	Division of Corporations	Division of Corporations			
	Clifton Building	P.O. Box 6327			
	2661 Executive Center Circle	Tallahassee, Florida 32314			
	Tallahassee, Florida 32301				
	Enclosed is a check for the follow	ring amount:			
	□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	Name of the limited liability company:	MAR	OON CAPITAL, LLC
2. (a)	100 S POINTE DR UNIT 3502	(b)	100 S POINTE DR UNIT 3502
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	MIAMI BEACH, FL 33139		MIAMI BEACH, FL 33139
	04/03/2020		M2000003442
3.	Date of filing/registration in Florida	4.	Document number
5. (a) DUGGAN BERTSCH PLLC		
•	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:
	875 109TH AVENUE N.		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	Suite 302		2 2
	NAPLES FL	34108	ALLA ALLA
(b	Cogency Global Inc.		P 13
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	THE PARTY OF THE P
			FL()
	115 North Calhoun Street, Suite	4	: 5
	NEW Registered Office Address:		() A
	Tallahassee FI.	, 32301	
the cl agent was/v	limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registered ability compan of the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
	/S/ James M. Duggan		James M. Duggan
Sign	nature of a member or authorized representative of a member	-	Printed or typed name of signee
provi the ou to me	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address. It ed in writing of this change.	ree to act in thi performance of d for in Chapto hereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed a that the limited liability company has been
	/S/ Sean Chase		

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent