

F20 000000 3676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

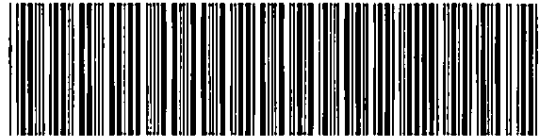
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

6/9/21  
SS

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Marco Capital Inc  
Name of Corporation

**DOCUMENT NUMBER:** F20000003676

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:

Jacob Shoihet

Name of Contact Person

Marco Capital Inc

Firm/Company

78 SW 7th St, Suite 500

Address

Miami, FL 33130

City/State and Zip Code

jacob@marcofl.com

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

For further information concerning this matter, please call:

Jacob Shoihet

Name of Contact Person

at

(917

) 285-5723

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Marco Capital Inc
2. The principal office address: 78 SW 7th St. Suite 500, Miami, FL 33130
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08/07/2020 Document number: F20000003676
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)

Jacob Shoihet

360 NW 27TH ST

Miami, FL 33127

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

Jacob Shoihet

78 SW 7th St. Suite 500

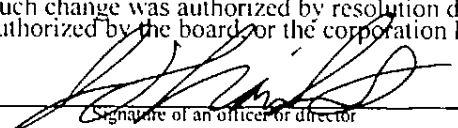
P.O. Box NOT acceptable

Miami, FL 33130

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**TALLAHASSEE, FL**

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

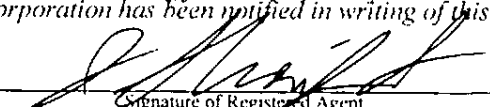
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Jacob Shoihet, CEO

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

May 4, 2021

Date

If signing on behalf of an entity:

Jacob Shoihet

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)