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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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07 DEC 17 PH 12: 33

SECRETARY OF STATE
TALLAHASSEE, FLORING

DB 12/17

COVER LETTER

Division of Corporations				
SUBJECT: MGP Marco, LLC	imited Liak	oility Company)		
(Ivanie of E	Jiiiited Elac	mity company)		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered C	Office Chang	ge and fee(s) are submitte	ed for filing.	
Please return all correspondence concerning			S	
Max Mazzone				
(Name of Person)		_		
Gulfshore Capital Partners, LLC			07 SE TALI	
(Firm/Company)				
455554			DEC 17 PH 12: 33 CRETARY OF STATE AHASSEE. FLORID	منسب
15505 Monterosso Lane, Unit 101			- P	
(Address)			15 4 15 4 15 4	
Naples, FL 34110			17 PH 12: 33 TARY OF STATE ASSEE, FLORIDA	
(City/State and Zip Code)		_	A	
For further information concerning this matter	er, please ca	ıll:		
Max Mazzone	at (239	₎ 280-8691		
(Name of Person)		(Area Code & Daytime	e Telephone N	lumber)
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section Division of Corporations	Registration Section 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 following	ıg 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 608.416 or 608.508, 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. The name of the limite	ed liability compa	ny is: MGP Marco, LLC	
2. The mailing address o	f the limited liabil	lity company is : 15505 Monteros	so Lane, Unit 101
Naples, FL 34110			
9/22/06		L06000093233	3
3. Date of filing/registration in Florida 4. Document in Florida 4.		ımber	
5. The name of the register Florida Department of		registered office address as shown	on the records of the
•	Corporation	Service Company	
	•	Name	-
	1201 Hays St	reet	•
		Address	
Tallahassee, FL 32301)7
		City, State and Zip	
6. The name and address of the new registered agent and/or office:			07 DEC 17 SECRETARY ALLAHASSE
Max Mazzone			~
		Name	PM I2: 33
15505 Monterosso Lane, Unit 101 🔀 🚉 📞			
	Florida street a	ddress (P.O. Box NOT acceptable)	D.M. CO
	Naples,	FL 34110	
		City, State and Zip	
confirmed that after the cand the business office of	hange or changes the registered age	nized under the laws of the State of are made, the Florida street addres ent will be identical. Or, in the cas	s of the registered office e of a Florida limited

liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized rep esentative of a member)

By Gulfahore Capital Partners Fund II, LLC its Manager, by Gulfahore Capital Partners, LLC, by Max Mazzone its Managing Member

(Printed or typed name of signee)

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 auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)