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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| Division of Corporation | 18 | | | | |
|------------------------------------------------------------------|---------------------|------------|-----------|----------------|--------------------------------|
| CIDICT. | NA: | arkin | Canit | al Gro | nun. |
| SUBJECT: Markin Capital Group Name of Limited Liability Company | | | | - | |
| | rvaine of L | | Liabii | ity Con | ipany |
| Dear Sir or Madam: | | | | | |
| The enclosed Registered Agen | t/Registered C | office (| Change | and fee | e(s) are submitted for filing. |
| Please return all correspondence | ce concerning | this m | atter to | the foll | lowing: |
| Matthew | | | | - - | |
| Name of Po | erson | | | | |
| Markin Capita | | | | _ | |
| Firm/Comp | oany | | | | |
| 2424 N. Federal H | | 101 | | _ | |
| , radioss | | : | | | |
| Boca Raton | FL 33431 | | | | |
| City/State and | | | | | |
| matthew@mar E-mail address: (to be used for futu | kingroup.com | 1 | | _ | |
| E-mail address: (to be used for futu | ire annual report n | otificatio | n) | | |
| For further information concer- | ning this matte | er, plea | ise call: | • | |
| Matthew Markin | 1 | _ at (| 561 | _) | 922-9762 |
| Name of Person | | | | Area Code | e & Daytime Telephone Number |
| STREET/COURIER AI | DDRESS: | | | | ADDRESS: |
| Registration Section | | | | | Section |
| Division of Corporations | | | | | Corporations |
| Clifton Building | 1 | | | Box 63 | |
| 2661 Executive Center Callahassee, Florida 3230 | | | Iall | апаssсе, | , Florida 32314 |
| Enclosed is a check for the following amount: | | | | | |
| \$25 Filing Fee | | • | \$5 | 5 Filing | g Fee & Certified Copy |

TO: Registration Section

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.

| Name of the limited liability company: | Markin Capital Group LLC |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. (a) Principal office address of limited liability company | 2424 N. Federal Highway Suite 101 |
| (Note: MUST BE STREET ADDRESS) | Boca Raton FL 33431 |
| (b) Mailing address of limited liability company: | 2424 N. Federal Highway Suite 101 |
| (Note: MAY BE POST OFFICE BOX) | Boca Raton FL 33431 |
| March 14, 2011 | L11000031499 |
| 3. Date of filing/registration in Florida | 1. Document number |
| 5. (a) Registered Agent and Registered Office shown on the | he records of the Florida Dept. of State: |
| Registered Agent: | Matthew Markin |
| Registered Office Address: | 595 S. Federal Hwy Suite 600 Boca Raton, FL 33432 |
| NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 2424 N. Federal Highway, Suite 101 |
| | Boca Raton ,FL33431 |
| If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fle and the business office of the registered agent will be identi liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company. Signature of a member or authorized representative of a member | orida street address of the registered office cal. Or, in the case of a Florida limited so was/were authorized by an affirmative votes vise provided in the articles of organizations. |
| Matthew Markin | 0R/A |
| Printed or typed name of signee | |
| I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the proand I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company | ree to act in this capacity. I further agree to per and complete performance of my duties? ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change. |
| Signature of Registered Agent | |
| CIBINATE OF TERROLEM VECIL | |