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T. HAMPTON

## COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Merchant Capital Group LLC  Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Jordan Fein Name of Person			
Merchant Capital Grupt Firm/Company	<u>lc</u>		
111 Hiami ardens Dr. Ste Addess	2408		
Miami Gardens Fo 33169 City/State and Zip Code			
Jordan @ dollars for business.com  JE-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Krishin Crichlan at S	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following 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.

I. Name of the limited liability company:	Merchant Capital Group LLC	
2. (a) Principal office address of limited liability com	npany:	
(Note: MUST BE STREET ADDRESS)	111 Miami Gardens Drive, Ste. 408 Miami Beach, FL 33316	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)	111 Miami Gardens Drive, Ste. 408 Miami Beach, FL 33316	
08/10/2012	L12000103431	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shows	n on the records of the Florida Dept. of State:	
Registered Agent:	FEIN, JORDAN	
Registered Office Address:	1688 Meridian Ave	
(b) Enter name of <u>NEW Registered Agent</u> and/or	NEW Registered Office address:	
NEW Registered Agent:	InCorp Services, Inc.	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	17888 67th Court North	
	Loxahatchee ,FL33470	
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the chan of the members of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company.	the Florida street address of the registered office identical. Or, in the case of a Florida limited age(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization	
Printed or typed name of signee	· ——	
I hereby accept the appointment as registered agent of comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of mandle am familiar with and accept the obligations of mandle of the complete of the confirmal that the limited liability confirmal that the		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00		