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COVER LETTER

TO: Registration Section

Divi	ision of Corporations				
OUBJEST	EMG ELITE MARINA GROU	PE L.L.C.	# L18000087409		
SUBJECT:	Name of Limited Liability Company				
Dear Sir or N	Madam:				
The enclosed	d Registered Agent/Registered Offic	ce Change and	fee(s) are submitted for filing.		
Please returr	n all correspondence concerning this	s matter to the f	following:		
Francesco	o D'Orsa				
	Name of Person		_		
EMG ELIT	TE MARINA GROUPE L.L.C.				
	Firm/Company		·		
801 BRIN	Y , Suite 1103				
	Address				
POMPANO	O BEACH, FL 33062				
	City/State and Zip Code		_		
fdorsa@vi	ideotron.ca				
E-mail	address: (to be used for future annual	ial report notifi	cation)		
For further i	information concerning this matter,	please call:			
Francesco	D'Orsa	514 at (386-7445		
	Name of Person		Area Code & Daytime Telephone Number		
STR	REET/COURIER ADDRESS:	MA	AILING ADDRESS:		
_	istration Section		gistration Section		
	ision of Corporations		vision of Corporations		
	ton Building). Box 6327 lahassee, Florida 32314		
	1 Executive Center Circle lahassee, Florida 32301	ı aı	lanassee, riorida 32314		
Enc	closed is a check for the following	amount:			
□ \$	25 Filing Fee	☑ \$5	5 Filing Fee & Certified Copy		
INHS18 (2/1-	4)				

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/	EMG ELITE Name of the limited liability company:	MARINA G	ROUPE L.L.C.
2. (a)	801 BRINY, SUITE 1103	(b)	
<u>.</u> . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) POMPANO BEACH, FL 33062	_ (*)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
2	04/06/2018		L18000087409 Document number
3. 5. (a)	Date of filing/registration in Florida Francesco D'Orsa	4.	Document number
J. (a)	Registered Agent and Registered Office shown on the records of 801 BRINY, SUITE 1103	the Florida Dep	<u> </u>
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	FILED JIN 28 PH 12: 47
	POMPANO BEACH, FL	33062	
(b)	Francesco D'Orsa		79 R
` ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address	
	1451 West Cypress Creek Road		
	NEW Registered Office Address: Suite 300		
	Fort Lauderdale, FL	33309	
the chagent was/w	limited liability company is not organized under the law ange or charges are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of teles of organization or the operating agreement of the	the registere ability comp of the limited limited liabi	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in lity company. Francesco D'Orsa
7	dure of a member or authorized representative of a member	<u></u>	Printed or typed name of signee
provis the ob to nier	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act in i performance d for in Cha hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accep pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
Signati	ire of Registered Agent		
	Division of Corporations P.O.	Box 6327● T	Tallahassee, FL 32314

FILING FEE: \$25.00