

LI8000 125077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

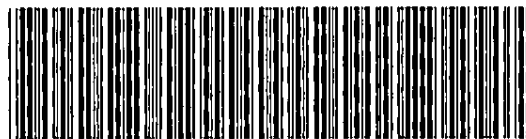
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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07/22/20 --01019--027 \*\*35.00

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JUL 14 2020

FILED

2020 SEP 25 A 10:35  
STATE OF FLORIDA  
TALLAHASSEE

LLC  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 31, 2020

PAOLO FIDANZA  
3401 MIAMI AVE, UNIT 202  
MIAMI, FL 33127

SUBJECT: MARP HOLDINGS LLC  
Ref. Number: L18000125077

We have received your document for MARP HOLDINGS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce  
Corporate Records Supervisor II

Letter Number: 720A00016708

RECEIVED

SEP 25 2020

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MARP HOLDINGS 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:

PAOLO FIDANZA  
Name of Person

MARP HOLDINGS LLC  
Firm/Company

3401 N MIAMI AVE, UNIT 202  
Address

MIAMI, FL 33127  
City/State and Zip Code

PAFIDANZA@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAOLO FIDANZA at ( 786 ) 232-9637  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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 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. Name of the limited liability company: MAP HOLDINGS LLC
2. (a) 3401 N MIAMI AVE, UNIT 200 (b) 3401 N MIAMI AVE, UNIT 202  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)  
MIAMI, FL 33127 MIAMI, FL 33127
3. 05/18/2018 4. L18000125077  
Date of filing/registration in Florida Document number
5. (a) ALONSO L GARCIA, PA  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
5605 BLUE LAGOON DR, STE 200  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
MIAMI FL 33126
- (b) PAOLO FIDANZA  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
3401 N MIAMI AVE, UNIT 202  
NEW Registered Office Address:  
MIAMI FL 33127

2020 SEP 25 A 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case 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]  
Signature of a member or authorized representative of a member

PAOLO FIDANZA  
Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent