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(Requestor's Name)					
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COVER LETTER

	stration Section sion of Corporations						
SUBJECT:	Maro Holdings, LLC						
00202011	Name of Limited Liability Company						
Dear Sir or N	fadam:						
The enclosed	Registered Agent/Registered Off	fice Change and f	ee(s) are submitted for filing.				
Please return	all correspondence concerning th	is matter to the fo	ollowing:				
Sweta Vallejo	,						
	Name of Person		_				
Maro Holding	gs, LLC						
	Firm/Company		_				
21 Bradley W	'ay						
	Address	-	_				
Glastonbury,	CT 06033						
<u></u>	City/State and Zip Code		_				
maroholdings	llc@gmail.com						
E-mail	address: (to be used for future ann	nual report notific	eation)				
For further in	aformation concerning this matter,	, please call:					
Sweta Vallejo	•	860 at (652-5805				
	Name of Person		Area Code & Daytime Telephone Number				
Regi Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
	osed is a check for the following		Tallahassee, FL 32303 5 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.

(a) _	Principal office address of limited liability company: Mailing address of limited liability company				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	
	2030 Douglas Road, 618		21 Bradl		
-	Coral Gables, FL 33134		Glastonb	oury, CT 06033	
	11/26/2019		L190002	91965	
-	Date of filing/registration in Florida	4.		Document number	
(a) _				_	
R	Registered Agent and Registered Office shown on the records of	the Florid	la Dept. of St	ate:	
	SIBILA LAW				
Ī	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	Z)		
	232 ANDALUSIA AVENUE, SUITE 230			1022 C	
	CORAL GABLES , FI	33134		7.20	
				comp. 4	
(b) _	Enter name of NEW Registered Agent and/or NEW Registered	l Office of	ddaes:	AM II: 48 SSEE, FL	
E	ther name of MEA Registered Agent and of MEA Registered	UIIICE AS	antess.	FL F	
	Ballaga, Freedman & Atkins, LLP			m ω	
Ī	NEW Registered Office Address:	· · · · · ·		.	
_	396 Alhambra Circle, Suite 210			_	
1	Coral Gables . FI	33134			
nge o nt wi /were	nited liability company is not organized under the lar or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited li e authorized by an affirmative vote of the members of les of organization or the operating agreement of the	register ability co of the lin limited	ed office a ompany, it nited liabil	nd the business office of the registered is hereby confirmed that the change(s ity company or as otherwise provided	
	re of a member or authorized representative of a member	3W	cia vanicjo	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 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 changeally signed by Ond Freedman Office address, I hereby confirm that the limited liability company has been challed freedman of this changeally signed by Ond Freedman at Address, LLP, ou, email-chaled the provided by Company has been notified in writing of Registered Agent

Signature of Registered Agent