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, COVER LETTER

TO:	Registration Section Division of Corporations		· ·	
SUBJ	MWG MARKETING, LLC.			
		me of Limited	Liability Company	
Dear	Sir or Madam:			
The e	nclosed Registered Agent/Registered O	ffice Change an	d fee(s) are submitted for filing	<u>}</u> ,
Pleaso	e return all correspondence concerning t	this matter to th	e following:	
	Name of Person			
FLO	RIDA CORPORATE SERVICES,	LLC.		
	Firm/Company			
3006	Aviation Ave., Suite 2A			
	Address			
Cocc	onut Grove, FL 33133			Eg s
	City/State and Zip Code			SP T
csan	tos@sordolaw.com			P 24 PP
	E-mail address: (to be used for future ar	anual report not	ification)	-10
For fu	orther information concerning this matte	er, please call:		700007 31V1E 200 :S
Alexa	ander Pena	305	859-8107	
	Name of Person	(Area Code & Daytime Tele	phone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P	AAILING ADDRESS: Legistration Section Division of Corporations LO. Box 6327 Callahassee, Florida 32314	
	Enclosed is a check for the following	ıg amount:		
	2 \$25 Filing Fee		\$55 Filing Fee & Certified Cop	У

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.

	LANO MADI	(CTINIC		
1. N	ame of the limited liability company: MWG MARK	E IINC	i, LLC	
2. (a)			(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		, ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1101 Brickell Ave., 8th Floor			
	Miami, FL 33131			
	05/30/2012		M12000	003068
3.	Date of filing/registration in Florida	4.	•	Document number
5. (a)	MARCELO CORDEIRO			
J. (a)	Registered Agent and Registered Office shown on the records o	f the Flori	da Dept. of Sta	ate:
	•			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	SS)	_
	1101 Brickell Ave., 8th Floor			
	Miami	, 3313	1	_
	,1'	L		- 28 る
(b)	FLORIDA CORPORATE SERVICES, LLC.			
	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	address:	ASS 21
				SEE P
	NEW Registered Office Address:			FEST ST
	3006 Aviation Ave., Suite 2A			NO N
	·			
	Coconut Grove	, 3313	3	
		<u> </u>		_
	imited liability company is not organized under the lange or changes are made, the Florida street address of			
agent '	will be identical. Or, in the case of a Florida limited I	iability	company, it	is hereby confirmed that the change(s)
was/w the art	ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e limited	d liability co	mpany.
	MUU	М	arcelo Co	deiro
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and agions of all stander relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, l d in writing of his change.	e perfor ed for in	mance of mi Chapter 60	o duties, and I am familiar with and accep 15, F.S. Or, if this document is being filed

Division of Corporations ● P.O. Box 6327 ● Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)

Signature of Registere