M170000 10846

(Re	equestor's Name)			
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C. GOLDEN JAN 12 2019



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Logan Hall logan.hall@cscglobal.com

Date: December 31, 2018

Order#: 564031-005

Re: MARCO'S PIZZA HOLDINGS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Logan Hall

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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.	Na	me of the limited liability company: MARCO'S PIZZA	HOLDI	DINGS, LLC
2	(a)	6597 NICHOLAS BLVD, CAP FERRAT PH 11	(b)	b) 6597 NICHOLAS BLVD, CAP FERRAT PH 11
((**/	Principal office address of limited liability company:	_ (5)	Mailing address of limited liability company:
		(Note: MUST BE STREET ADDRESS)		(<u>Note: MAY BE POST OFFICE BOX</u>)
		NAPLES, FL 34108	- -	NAPLES, FL 34108
		12/21/2017	_	M17000010846
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	CAPITOL CORPORATE SERVICES, INC.		
	(<i>y</i>	Registered Agent and Registered Office shown on the records of th	e Florida l	a Dept. of State:
		515 E PARK AVE.		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		<u> </u>	
		2ND FL		TALLAH
		TALLAHASSEE , FL_	32301	' > ' ω
(b)				(A)
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office address:		
				S6
		1201 Hays Street		
		NEW Registered Office Address:		······································
		Tallahassee, FL_	32301	1
the age wa	cha ent w s/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of to will be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liable.	he regist pility cor the limi mited li Johr	istered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
S	ignat	ure of a member or authorized representative of a member		Printed or typed name of signee
pro the to i	ovisi obli mere	oy accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he I in writing of this change.	erforma for in C	nance of my duties, and I am familiar with and accep Chapter 605, F.S. Or, if this document is being filed
Sig	natui	re of Registered Agent Corporation Service Company	BY: Gr	Grace E. Kirby, Assistant Vice President

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