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| (Requestor's Name) | | | | |
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| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer. | | | | |
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TO:

INHS18 (2/14)

Registration Section

Division of Corporations M&M MARCO PROPERTIES, LLC SUBJECT: __ 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: Name of Person COGENCY GLOBAL INC. Firm/Company 115 North Calhoun Street, Suite 4 Address Tallahassee, FL 32301 City/State and Zip Code dlittwin@dugganbertsch.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 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. N | Name of the limited liability company: M&M MARCO PROPERTIES, LLC | | | |
|----------------------------|---|---|--|--|
| 2. (a) | 11995 MAIDSTONE COURT | (b) | 11995 MAIDSTONE COURT | |
| <u> </u> | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | NAPLES, FL 60119 | | NAPLES, FL 60119 | |
| | 08/23/2021 | | M22000015366 | |
| 3. | Date of filing/registration in Florida | 4. | Document number | |
| 5. (a) | DUGGAN BERTSCH PLLC | | | |
| | Registered Agent and Registered Office shown on the records of the | the Florida Dept, of State: | | |
| | 875 109TH AVENUE N. | P 2 | | |
| | Registered Office Address (MUST BE FLORIDA STREET A | TADDRESS) | | |
| | Suite 302 | | | |
| | NAPLES .FL. | 34108 | -yi | |
| (b) | Cogency Global Inc. | | | |
| | Enter name of NEW Registered Agent and/or NEW Registered | Office address: | | |
| | 115 North Calhoun Street, Suite 4 | | | |
| | NEW Registered Office Address: | | | |
| | Tallahassee, FL_ | 32301 | | |
| the ch agent was/w | limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the | the registere bility compa f the limited | d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in | |
| | /S/ James M. Duggan | | James M. Duggan | |
| Sign | ature of a member or authorized representative of a member | | Printed or typed name of signee | |
| provis the ob to mer | thy accept the appointment as registered agent and agra- ions of all statutes relative to the proper and complete p digations of my position as registered agent as provided rely reflect a change in the registered office address. I he d in writing of this change. | ee to act in the performance I for in Chap pereby confir | his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed m that the limited liability company has been | |
| | /S/ Sean Chase | | | |
| Signat | ure of Registered Agent | | | |