Division of Corporations

Florisla Department of State Division of Corporations Electronic Along Cover Sheet

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īo:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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MANAGEMENT SERVICES OF MANATEE COUNTY, LLC.

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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.

L. N	ame of the limited liability company: Managemer	nt Servi	ces of N	Manatee County	, LLC) .
	11 AED DOTH COVE FACT	(b) 11459 30TH COVE EAST				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	PARRISH, FL 34219		PARRISI	H, FL 34219		
	07/15/15	L	150001	.21208		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a	, UNITED STATES CORPORATION AGENTS	S. INC.				
. (u	Registered Agent and Registered Office shown on the records of t	he Florida Γ	Dept. of State	· ::		
	5575 S. SEMORAN BLVD					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	SUITE 36					
	ORLANDO FI	32822		1 - 7	2019 AUG	
(b)	Registered Agents Inc.			·		
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	ess:		δ	后套
	7901 4th St N			; 	PH L:	
	NEW Registered Office Address:				· <u>=</u>	
	STE 300					
	St. Petersburg	33702				
the chagent was/v the ar Sign I her provide the old to me	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 liable of authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the law for a member or authorized representative of a member of a member of a population of the appointment as registered agent and agreeions of all statutes relative to the proper and complete obligations of my position as registered agent as provided rely reflect a change in the registered office address, I have a proper this change.	the registability confidence in the limited list Riley	ered office opany, it is ed liability to modern the combined of the control of th	e and the business offis hereby confirmed the y company or as other apany. Primed or typed name of active. I further agree.	ce of the at the character wise pro-	e registered nange(s) ovided in

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent