

.. .. **L15000146508**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

\_\_\_\_\_  
(Business Entity Name)

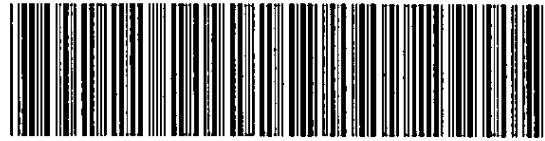
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D BRUCE  
AUG 15 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MANCINI CAPITAL MANAGEMENT LLC  
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:

JB ROTH  
Name of Person

ROTH LAW FIRM PL  
Firm/Company

6100 GREENLAND RD., SUITE 604  
Address

JACKSONVILLE, FL 32258  
City/State and Zip Code

JB@ROTHLAWFIRM.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JB ROTH at ( 904 ) 595-7900  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

- \$25 Filing Fee  \$55 Filing Fee & Certified Copy

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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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.*

1. Name of the limited liability company: MANCINI CAPITAL MANAGEMENT LLC

2. (a) 1516 NORTH LOOP PKWY (b) 1516 NORTH LOOP PKWY

Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

ST AUGUSTINE, FL 32095

ST AUGUSTINE, FL 32095

08/26/2015

L15000146508

3. Date of filing/registration in Florida 4. Document number

5. (a) ROTH LAW FIRM PL  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

234 CANAL BLVD

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

SUITE 2

PONTE VEDRA BEACH, FL 32082

(b) ROTH LAW FIRM PL  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

6100 GREENLAND ROAD

NEW Registered Office Address:

SUITE 604

JACKSONVILLE, FL 32258

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TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

JEAN B ROTH, AUTH. REPRESENTATIVE  
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 change.*

[Signature]  
Signature of Registered Agent