## 22000130133

(Requestor's Name)			
(Address)			
(Address)			
(Addiess)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
(2004)			
Codificator of Status			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
1			





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2023 MAR 31 AM 10: 4.



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date: 03	/31/2023	,	
	Ken Howell		
	1945557		
	MA	NIFESTUS LLC	
	of Incorporation/Authoriza	tion to Transact Business	
Reinstate			
☐ Conversi ☐ Merger	OII		
Dissolution	on/Withdrawal		
☐ Fictitious	Name		2
Other		· · · · · · · · · · · · · · · · · · ·	
Authorized Amo	unt: <b>\$25.00</b>		2023 MAR 31 PM 4: 0
Signature:	1		- <u>-</u>

F: +852.2682.9790

## 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:	MANI	ANIFESTUS 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)	
	11 VIA ALONSO		11 VIA ALONSO	
	SAN CLEMENTE, CA 92673		SAN CLEMENTE, CA 92673	
	03/15/2022		L22000130133	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)				
•	Registered Agent and Registered Office shown on the records of the	he Florida Dept. of Sta	elic.	
	UNITED STATES CORPORATION AGEN	NT, INC.		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	_	
	5575 S. SEMORAN BLVD. SUITE 3	36	_	
	ORLANDO .FL	32822	<b></b>	
(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	32301	_	
the char agent w was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	s of the State of Fl the registered offic bility company, it i the limited liabilit imited liability cor	c and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in inpany.	
	ure of a member or authorized representative of a member	BRADI	Printed or typed name of signee	
I hereh provisio the obli to mere notified	by accept the appointment as registered agent and agreeins of all statutes relative to the proper and complete parties of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.  /s/ Ken Howell c of Registered Agent			