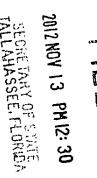
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T. LEWIS

COVER LETTER

Amendment Section Division of Corporations

MANAUSA LAW FIRM, P.A.

Name of Corporation

P11000032134

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel E. Manausa, Esquire

Name of Contact Person

Manausa Law Firm, P.A.

Firm/Company

1701 Hermitage Blvd., Suite 100

Tallahassee, FL 32308

City/State and Zip Code

danny@manausalaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel E. Manausa

Name of Contact Person

850 597-7616

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	ange is submitted for a corporation	617.0502, 607.1508, or 617.1508, F on organized under the laws of the Si or registered agent, or both, in the St	tate of FLORIDA
1. The name of t	the corporation: Manausa La	w Firm, P.A.	
2. The principal	office address: 1701 Hermita	age Boulevard, Suite 100,	Tallahassee, FL 32308
3. The mailing a	address (if different): same as	above	
4. Date of incorp	poration/qualification: 04-01-2	2011 Document number: F	11000032134
	d street address of the current regirtment of State: (If resigned, enter	istered agent and registered office or resigned)	ı file with the
	Daniel E. Manausa of M	Manausa Law Firm, P.A.	
	3606 Maclay Blvd. Sou	th, Suite 200	
	Tallahassee, FL 32312	2	
6. The name and (if changed):	d street address of the new registe	red agent (if changed) and /or regist	2012 NOV 13 PM 12: 30 SECKE TARY OF STALE TALL AHASSEE, FLORED ered office
			— «Кор п
	1701 Hermitage Boulevard, Suite 100 P.O. Box NOT acceptable		
	Tallahassee, FL 32308	·	30
The street addre	ess of its registered office and the be identical.	e street address of the business office	ce of its registered agent,
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or been notified in writing of the chan	by an officer so ge.
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Daniel E. Manausa	
I hereby accept I further agree to performance of agent. Or, if the hereby confirm Sig	the appointment as registered a to comply with the provisions of my duties, and I am familiar will is document is being filed merely that the corporation has been not mature of Registered Agent chalf of an entity:	Printed or typed nar gent and agree to act in this capaci all statutes relative to the proper a th and accept the obligation of my p y to reflect a change in the registers of this change.	
	yped or Printed Name	_	

* * * FILING FEE: \$35.00 * * *