that my name appears above, or on an attachment with all other like empowered. SIGNATURE: AHMED ZAKARI MANAGER

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

Authorized Person(s) Detail :			
Title	MMBR	Title	AMBR
Name	ZAKARI, AHMED DR.	Name	ZAKARI, KYLE
Address	150 E. ROBINSON STREET UNIT 2110	Address	525 E. GORE STREET
City-State-Zip:	ORLANDO FL 32801	City-State-Zip:	ORLANDO FL 32806

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

ORLANDO, FL 32801 US

FEI Number: 82-1279346

150 E. ROBINSON STREET UNIT 2110

150 E. ROBINSON STREET

ORLANDO, FL 32801

UNIT 2110

Current Mailing Address:

KENDRICK LAW GROUP 630 N. WYMORE ROAD STE 370

MAITLAND, FL 32751 US

SIGNATURE:

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000100673

Entity Name: MANZIL PROPERTY MANAGEMENT, LLC

Current Principal Place of Business:

Certificate of Status Desired: Yes

03/12/2018

Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 12, 2018 Secretary of State CC9181157777

Date