107000038871

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

TO: Registration Section Division of Corporations	
SUBJECT: Mancini Developmen	it 1650. LLC
Name	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Mark Jacob Name of Person	
Mancini EnterPrises Firm/Company	
38600 VON Dyke Suife 10- Address	0
STERLING Heights, MI 483 City/State and Zip Code	12
M Sacoba Mancinifor twees . Con E-mail address: (to be used for future annu	در ial report notification)
For further information concerning this matter.	please call:
Mark Jacob	a1 (586) 250-2606 Ext 105
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	

INHS18 (2/14)

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.

r terrice			1		
1. Na	une of the limited liability company: Mancini	xvelo.	quent 11	LSO LLC	
	3100 SW 15B ST			DR. MANCINI	DRIVE
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited (Note: MAY BE POS)	Hiability company: FOFFICE BOX)
	Duzfield Black, Fl 33442		STERL	ing Heights, 1	1148314
-					
	04/10/2007		L070	100038871	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	DANKL MANCINI				
()	Registered Agent and Registered Office shown on the records of	the Flori	la Dept. of St	ate:	
	3100 SW 15B ST				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>(3)</u>		
				_	55
	Deer Freld Beach . FI	334	42		
	Decay recei Bar-	L <u> </u>		<u> </u>	<u> </u>
(b)	RICHARD MANCINI			_	30 -
(**)	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	ddress:	_	
	/				6.
	420 LINCOLN Rd. Suite 40%			_	
	NEW Registered Office Address:				7
	MIAMI Beach FI	ı <u>. 33</u> 7	39		
the cha agent v was/we	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	If the reg iability of of the li e limited	sistered offi company, it mited liabil Hiability co	ce and the business of is hereby confirmed t ity company or as othe ompany.	fice of the registered hat the change(s) erwise provided in
			STEVEN	MANUCI NI Printed or typed name of	
Sjeffa	dure of a member or authorized representative of a member			Printed or typed name of	of signee
provisi the obt to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d'in syriting of this change.	ree to a 2 perfori ed for in 5 hereby	st in this ca nance of m Chapter 60 confirm tha	pacity. I further agre y duties, and I am fam 95, F.S. Or, if this doc at the limited liability o	e to comply with the iliar with and accept rument is being filed company has been

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

Signature of Registered Agent