## 1070000 93224

(Requestor's Name)				
(Ad	dress)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Eiling Officer			
	g =			

Office Use Only



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02/19/19--01025--014 \*\*25.00



76.

## COVER LETTER

TO:	Registration Section Division of Corporations		,		
4277777		EX MANAC	GEMENT, LLC		
SUBJ	BJECT:				
Dear :	Sir or Madam:				
The e	nclosed Registered Agent/Registered Of	fice Change a	nd fee(s) are submitted for filing.		
Please	e return all correspondence concerning th	nis matter to tl	ne following:		
GEC	PRGE L ROMANACCE				
	Name of Person				
	Firm/Company				
162	ORANGE PLACE				
	Address				
MAF	TLAND, FL 32751				
	City/State and Zip Code		<del></del>		
GLR	OMANACCE@HOTMAIL.COM				
	E-mail address: (to be used for future an	nual report no	tification)		
For fu	arther information concerning this matter	, please call:			
Geor	rge L Romanacce	973 at (	951-0106		
	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	 	MAHLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
	Enclosed is a check for the following	g amount:			
	\$25 Filing Fee	۵	\$55 Filing Fee & Certified Copy		

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.

l. N	ame of the limited liability company: ALGEX MA	ANAGEME	NT, LLC		
	Principal office address of limited hability company:		Mailing address of limited hability company:		
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)		
	162 Orange Place	P.	O. Box 1733		
	Maitland, FL 32751	<u>Wi</u>	nter Park, FL 32790-1733		
	09/13/2007		L07000093224		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	)				
	Registered Agent and Registered Office shown on the records of to GEORGE L. ROMANACCE, ESQ.	the Florida Dept	, of State:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	2404 Lafayette Avenue				
	Winter ParkFL	32789	<b>~</b>		
			## 19 P		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	APPROVED AND FILED FILED SECRETARY OF STATE FALLAHASSEE, FLORED		
	NEW Registered Office Address:				
	162 ORANGE PLACE				
	MAITLAND FL	32751			
the ch agent was w	limited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liayere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registered ability compa of the limited limited liabil	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.		
(1	vige Toussace	GEOR	GE L ROMANACCE		
l Here provis the ob	ature It a member or authorized representative of a member of the appointment as registered agent and agrains of all statutes relative to the proper and complete digitions of my position as registered agent as provided well reflect a Manye in the registered office address. It is din writing of this change.	ree to act in the performance d for in Chap hereby confir	Printed or typed name of signee his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed m that the limited liability company has been		
Signal	ure of Registered Agent		•		
/	Division of Corporations • P.O. I	Box 6327● T:	allahassee, FL 32314		

FILING FEE: \$25.00

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