Florida Department of State Division of Corporations Florida Department of State Division of Corporations Electronic Eiling Cover Shoot

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LLC REGISTERED AGENT CHANGE SEAN MANNING IV, LLC

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K. SALY

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To:

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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 Statides, 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. Na	ime of the fimited hability company: SEAN MANNING	IV, LLC		
2. (a)	10709 Marsha Drive		same	
(-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	New Port Richey, FL 34655			
	05/20/2603	 L.(080000505	571
	Date of tiling/registration in Florida	4.		Document number
. (a)	Peter T. Kirkwood			
. (4)	Registered Agent and Registered Office shown on the records of the 601 Bayshore Blvd, Stc. 700		ept, of State	 c:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESSJ		202 15
	Tampa , FL	33606		2024 NOV 20 PK 4: 43 SECRILIANSSEE, FLORID. TALLAHASSEE, FLORID.
(ն)	Richard Sean Manning			20 F
\- <i>/</i>	Enter name of NEW Registered Agent and/or NEW Registered (Office addr	<u>est</u> :	
	10709 Marsha Drive			O PH 4: 43
	NEW Registered Office Address:			- <u>-</u>
	New Port Richey, FL			-
hange gent v as/vre	imited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabore authorized by an affirmance vote of the members of class of organization or the operating agreement of the liabore.	s of the St egistered pility com the limite imited liab	ate of Flo office and pany, it is ed hability	orida, it is hereby confirmed that after the d the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in ipany.
herel Tovisi ic obi	ure of a member or authorized representative of a member by accept the appointment as registered abent and agree ons of all statutes relative to the proper and complete populations of his position as registered agent as provided the reflect a change in the negistered office address, I he writing of this change.	erjormane for in Che	ce oj my a apter 605	tities, and I am jamiliar with and accept , F.S. Or, if this document is being filed
ig atu	e of Registered Agent			
	Division of Corporations P.O. Be	ox 6327•	Tallahas	ssee, FL 32314