L09000034206

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone #	f)
PICK-UP	WAIT	MAIL
(Pur	siness Entity Name	1
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(Do	cument Number)	
Certified Copies	Certificates o	f Status
	-	
Special instructions to I	Filing Officer:	
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Office Use Only



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L09-34206 Change of RA

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SECRETARY OF STATE
AND AHASSEE, FLORIDA

N. CAUSSEAUX

SEP 3 0 2009

EXAMINER

COVER LETTER

	O: Registration Section Division of Corporations				
SUBJECT:	MANTEX ENTERPRISE	S, LLC			
,	(Name	of Limited Liability Company)			
Dear Sir or M	ladam:				
The enclosed	Registered Agent/Registered	Office Change and fee(s) are submitted for filing.			
Please return	all correspondence concerning	this matter to the following:			
	Emily Painter				
	(Name of Person)				
	Incorp Services,	Inc.			
	(Firm/Company)				
	17888 67th Cour	t N			
	(Address)				
L	oxahatchee, FL 334	70			
	(City/State and Zip Code)				
For further in	formation concerning this mat	ter, please call:			
	Emily Painter	at (⁷⁰²) 866-2500			
	(Name of Person)	(Area Code & Daytime Telephone Number)			
Regist Divisi Clifto 2661 l	ET/COURIER ADDRESS: ration Section on of Corporations n Building Executive Center Circle assee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Plorida 32314			
Enclo	sed is a check for the followi	ng amount:			
A \$25	5 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

INHS18 (5/08)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

1.	1. Name of the limited liability company: MANTEX ENTERPRISES, LLC				
2.	(a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 1490 121ST AVENUE SUITE 101 WESTMINSTER CO 80234 US		
	(b)	Mailing address of limited liability company: (Note: MAY BR POST OFFICE BOX)	1490 121ST AVENUE SUITE 101 WESTMINSTER CO 80234 US		
C	24/08	8/2009	L09000034206)) 	
3.	Dat	te of filing/registration in Florida	4. Document number	; • • • •	
5.	(a)	Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:	 Fi	
		Registered Agent:	FLORIDA R.A. SERVICES LLC		
		Registered Office Address:	FLORIDA R.A. SERVICES LLC 10208 CUTTEN GREEN COURT	-	
			TAMPA FL 33615 US		
NEW Registered Agent: NEW Registered Office Address:		NEW Registered Office Address:	17888 67th Court North		
		<u> </u>			
		MUST BE FLORIDA STREET ADDRESS)	Loxahatchee FL 33470		
thi of he lia	at af fice reby bilit nited	timited liability company is not organized under the later the change or changes are made, the Florida street of the registered agent will be identical. Or, in the car confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of I liability company.	address of the registered office and the business se of a Florida limited liability company, it is y an affirmative vote of the members of the limited	l	
(P	rimed	RISTIAN OFEZ			
CO OF CO	here mply Sign	by accept the appointment as registered agent and as y with the provisions of all statutes relative to the pro niliar with and accept the obligations of my position or, if this document is being filed to merely reflect a c m that the limited liability company has been notified	gree to act in this capacity. I further agree to per and complete performance of my duties, and I as registered agent as provided for in Chapter 608 hange in the registered office address, I hereby in writing of this change.	,	
(s	inati	mice Full on behalf of Income of Registered Agents	rp Services, Inc.		
Ϊ		Division of Corporations, P.O. Box	6327, Tallahassee, FL 32314		

FILING FEE: \$25.00