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

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RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhas	ays Stre ssee, FI 850-558	32301					l'éle ma	2 ₈ _
		ACCOUN	T NO.	:	I20000001	95		
		REFE	RENCE	:	554965	8441010		
		AUTHORIZ	ATION	:				
		COST	LIMIT	: - -	\$ 25.0	_ 		
		July 17, 2	024					
		554965-016						
		8441010						
- 		CHANG	E OF AC	ENT	<u>r</u>	-		
	NAME:	BANYAN	TREE MA	ANAC	GEMENT, LLC			
		THE FOLLOW	ING AS	PRO	OOF OF FILI	NG :		
	_	STAMPED CO	PY					

EXAMINER:

CONTACT PERSON: Shauna Godbolt -- EXT#

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.

1.	Na	me of the limited liability company:	MANA	GE	SEMENT, LLC
2.	(a)	4100 LEGENDARY DR #280		(b)	4100 LEGENDARY DR #280
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		DESTIN, FL 32541	_		DESTIN, FL 32541
		06/20/2011	_	ļ	L11000071475
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	Registered Agent and Registered Office shown on the records of the Paracorp Incorporated	he Florie		
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>(2.53</u>	<u>9</u>
		155 Office Plaza Drive, 1st Floor			الا المارية المارية المارية
		Tallahassee , FL	32301		'
	(b)	Enter name of NEW Registered Agent and/or NEW Registered of Corporation Service Company	Office a	dd	Idress:
		NEW Registered Office Address:			
		1201 Hays Street			
		Tallahassee FL_	32301		
cha age wa:	inge int w s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the r vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the h	register oility c `the lin	red on mit	ed office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
/S/	JILI	CILMI	JIL	L (_ CILMI, AUTHORIZED PERSON
S	ignat	ure of a member or authorized representative of a member			Printed or typed name of signee
pro the to r	visie obli nere	oy accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I hi I in writing of this change.	ertorn	2/13	ance of my duties, and Lam familiar with and accen
Sig	natur	MCa CTWO GRACE E. KIRE e of Registered Agent	3Y. AS	SS	ST. VICE PRESIDENT