L11000127678

(R	equestor's Name)	
(A	ddress)	
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. (C	ity/State/Zip/Phone #)	
. PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
·	, ,	
(D	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer	
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Office Use Only



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TALLAHASSEL FLORIDA

B. BOSTICK MAR - 4 2013

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LOCATION MANAGEMEN Name of Limited L	iability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
MAN HEUNG LO Name of Person	
Firm/Company	
10307 PALMETTO BAY De	3 MAR -1 PH 3: 3
Jacksonurue Florida 32218 City/State and Zip Code	PH 3: 3
MANLO 8998 @ YAHOO. (Com. E-mail address: (to be used for future annual report notification)	——————————————————————————————————————
For further information concerning this matter, please	e call:
MAN HOUNG LO. at (90)	04) 757 - 8988 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 amou	nt:
□ \$25 Filing Fee	▼ \$55 Filing Fee & Certified Copy

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.

	MANAGEMENT SCRUICES LLC
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	MIDDIFBORG. FIA. 32068
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
Feb. 25 2013 3. Date of filing/registration in Florida	L11000127678 4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dent. of State:
Registered Agent:	CINDY TAYLOR
Registered Office Address:	2710 BLANDING BLUD MIDDLEBURG FLA 32068
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> NEW Registered Agent:	V Registered Office address:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	TACKSON VILLE FL 32218

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