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D. BRUCE

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COVER LETTER

Division of Corporations			
SUBJECT: MAMIFEST PAGES U.C. Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted	for filing.		
Please return all correspondence concerning this matter to the following:			
LEIGH HAZELBAYER STRAUB Name of Person			
MANIFEST PRESS LLC Firm/Company	12 TAI		
1962 SERRAND CIRCUE Address	NOV -1 F CRETARY I LAHASSEI		
NAPUS, FL 34105 City/State and Zip Code	PH 3: 20 OF STATE E. FLORID		
E-mail address: (to be used for future annual report notification)	> >		
For further information concerning this matter, please call:			
LEIGHT H. STRAW at (239) 398-0832 Name of Person Area Code & Daytime Telephone	e 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 amount:			
\$25 Filing Fee & Certified	Сору		

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.

3	
1. Name of the limited liability company: MANIFUST	TPERS UC
2. (a) Principal office address of limited liability compan	y: GOO MARBOULT DR
(Note: MUST BE STREET ADDRESS)	MAPLES, FL 34105
(b) Mailing address of limited liability company:	6507 MCBOULL DR
(Note: MAY BE POST OFFICE BOX)	MAPLES, FZ 34105
Avgust 3, 2012	L12000 100039
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	•
Registered Agent:	LEIGH HAZELBAKOK STRANG
Registered Office Address:	6502 MARBOLLA DE
	MAPLES, R 34105
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent: No Change	W AAA
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	14102 SERPAND CIPPES
	VITALES ,FL TATIOS
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.	riorida street address of the registered office htical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization
Signature of a member or authorized representative of a member	
Printed or typed name of signee	<u> </u>
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand I chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability compand the state of the st	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office sy has been notified in writing of this change.

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

Signature of Registered Agent