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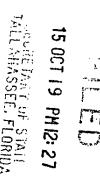
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## **COVER LETTER**

TO: Registration Section Division of Corporations								
SUBJECT: TSH MANAGEMENT LLC  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:								
Name of Person								
TSH MANAGEMENT LLC Firm/Company								
1016 SAN RAFAEL STREET Address								
St AUGUSTINE FL 32080  City/State and Zip Code								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Thomas Hawrl at (904) 2/7 94/9  Name of Person 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 amount:								
\$25 Filing Fee \$25 Filing Fee & Certified Copy								
INHS18 (2/14)								

## 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. N	ame of the limited liability company:	MANABE	MEN	<del></del>			<del></del>
2 (a)	1016 SAN RAFAEL ST	(b)	(b) /0/6 SAN RAFALTA SH  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)					
	ST AUGUSTINE, EL 32080		SH	AUGUSTINE,	FC	320	80
3.	10/23/13 Date of filing/registration in Florida	- <u>-</u> . 4.	_	/ 3000 / 49 Document number	7/6	7	
5. (a)	UNHER States Corporation agents Registered Agent and Registered Office shown on the records of the	INC					
		ne Florida Dep	t. of State	:			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)					
	TAMPA, PL 3.3612				14. 17.	<del>15</del>	
	,FL_					0007	٠,
(b)	Thomas HANZL	•			33.55 5.55 5.55 5.55 5.55 5.55 5.55 5.5	19	Francisco
(0)	Enter name of NEW Registered Agent and/or NEW Registered (	Office address	:			PH 12: 27	
					F STATE	$\ddot{\omega}$	1
	1016 SAN RAFAEL ST				골	2	
	NEW Registered Office Address:				3>	_	
	ST AUGUSTINE, FL 3208	0					
	, FL_						
the chagent was/v	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liakere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registere bility compa f the limited	ed office any, it is Hiability	and the business of hereby confirmed to company or as other	fice of the	he regi change	stered (s)
	ature of a member or authorized representative of a member		Ino	Printed or typed name of	-	_	
Sign	ature of a member or authorized representative of a member			Printed or typed name of	of signee		
provi. the ol to me notifi	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete foligations of my position as registered agent as provided rely reflect a change in the registered office address, I have a change in the registered office address, I have a change of this change.	ee to act in I performanco I for in Chaj iereby confi	this cape e of my c oter 605 rm that	acity. I further agre duties, and I am fam , F.S. Or, if this doc the limited liability o	e to con iliar wit cument i company	iply with and construction in the second in	th the accept filed een
Signa	ure of Registered Agent						