L14000005606

(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:			

Office Use Only



600300833846

07/14/17--01012--030 **25.00

FILED

WAS A THE STATE OF THE S

D. SCOTT JUL 1 8 2017

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: SunState Management LC Name of Limited Limbility 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 Sun State Management Firm/Company	-		
9365 W. Sample Rd., Ste. 202			
Coral Springs FL 33065 City State and Zip Code	<u> </u>	HILED HILED	
Prush @ Sunstate cam. Co E-mail address: (to be used for future annual report	notification)		
For further information concerning this matter, please call:			
Elisa Wilhelm-York au 954, 461-6020			
Name of Person	Area Code & Daytime Telephon	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		
Englosed is a check for the following amount:			
☑ \$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 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. Mangaomen Name of the limited liability company: Managoment LCC Principal office address of limited liability company: Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) <u>3</u>. Date of filing/registration in Florida Document number Registered Office shown on the records of the Florida Dept. of State: 9365 W. Sample Rd., Sto 202 (MUST BE FLORIDA STREET ADDRESS) Coral Springs (b) Y PHILIP KUSH Enter name of NEW Registered Agent and/or NEW Registered Office address: If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filled

Signature of Registers LAgont

to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been

in string of this change.