## 11400012206

(Re	questor's Name)			
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(Cit	y/State/Zip/Phone	e #)		
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Ya Ihalla Manni Name	of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Roxane Barker Name of Person		
Valhalla Manni, LLC Firm/Company	18 AUG	
304 E Pine Street St Address	FILED TORNA	
Lakeland, F1, 33801 City/State and Zip Code	28 	
COXAGE DOCKER E MCO C. E-mail address: (to be used for future annual	va Valhalla manni Qyahov.com	
For further information concerning this matter, p	lease call:	
Rojone Barker	at (8 <b>63</b> ) 221-3338	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following a	mount:	
☑ \$25 Filing Fee	S55 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.

rioriaa.	11 11 12	2 / / 4	
1. Name of the limited liability company:	Valhalla P		
2. (a) 304 E Pine Street  Principal office address of limited lia  (Note: MUST BE STREET A	bility company:	Mailing address of	<u>Arest Ste 159</u> limited liability company: EPOST OFFICE BOX)
Lakpland FI		Lakeland, t	-1
33801	· · · · · · · · · · · · · · · · · · ·	33801	
1-24-2014	<u>-</u>	L1400001	2206
$\frac{1-24-2014}{\text{Date of filing/registration in}}$		Document nur	nber
5. (a) Volhalla Manni Tru Registered Agent and Registered Office sho	wn on the records of the Flor	ida Dept. of State:	F: 8
304 EPine Str	eet Ste. 13	9	EL AL
Registered Office Address (MUST BE F	<u>LORIDA STREET ADDRE</u>		LED NSSEL
1 it -1 . d	.FL <u>33</u>		
			4: 28
(b) John W Watkin		addras.	10A
Enter name of NEW Registered Agent and	or NEW REGISTER OFFICE	address	
NEW Registered Office Address:			
ATTA Registered Office Address.			
	FL		
If the limited liability company is not organ the change or changes are made, the Florida agent will be identical. Or, in the case of a was/were authorized by an affirmative vote the articles of organization of the operating	a street address of the re Florida limited liability of the members of the l	company, it is hereby confidential limited liability company or a	rmed that the change(s)
Parane Duke	A	Kox G17 & Narl-	name of signee
Signature of a member or authorized representative I hereby accept the appointment as registe provisions of all statutes relative to the prothe obligations of my position as registered to merely reflect a change in the registered notified in writing of this change!	or a memoer	· ·	
Signature of Registered Agent			
Division of Corp	porations • P.O. Box 6. FILING FEE: S	327• Tallahassee, FL 3231- 25.00	4