| L150000   | 19571                    |  |  |  |  |
|---|--------------------------|--|--|--|--|
| (Requestor's Name)<br>(Address)<br>(Address)  | 700314898377             |  |  |  |  |
| (City/State/Zip/Phone #)  | 06/25/1801042001 ++75.00 |  |  |  |  |
| (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: |                          |  |  |  |  |
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## COVER LETTER

TO: Registration Section Division of Corporations

## SUBJECT: \_\_\_\_\_

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:

Craig B. Hill, Esquire

Name of Person

Law Office of Craig B. Hill, P.L.

Firm/Company

50 Lake Morton Drive

Address

Lakeland, Florida 33801

City/State and Zip Code

cbhill@chill-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

863 937-9381 Craig B. Hill at ( Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: **Registration Section Registration Section** Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: 2 \$25 Filing Fee \$55 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:   | IANAGI  | EMENT, LLO   | <u> </u>   | <u>=</u> ,   |  |                 |
|---|---|---|--|--|--|--|-----------------|
| 2. (a)  | 5740 Ranch Lake Boulevard   | (b  | 5740 Ran   | ch Lake Bouleva  | rd   |  |                 |
| 2. (4)  | Principal office address of limited liability company:<br>(Note: MUST BE STREET ADDRESS)  | ·······   | Mai  | iling address of limited li<br>Note: MAY BE POST (   |  |  |                 |
|   | Bradenton, Florida 34202  |   | Bradenton  | , Florida 34202  |  |  |                 |
|   | 02/02/2015  |   | L15000019  | <del></del>  |  |  |                 |
| 3.  | Date of filing/registration in Florida  | 4.  | D  | ocument number   |  |  |                 |
| 5. (a)  |   |   |  |  |  |  |                 |
|   | Registered Agent and Registered Office shown on the records of  | the Florida   | Dept. of State:  |  |  |  |                 |
|   | 1201 6th Ave. W.  |   |  |  | <br>Jan  | 2  |                 |
|   | Registered Office Address (MUST BE FLORIDA STREET)  | ADDRESS   | 2  |  | $\frac{1}{2}$  | 010  | 7 <b>8</b> 4 4  |
|   | Suite 505   |   |  |  | 7 1  | 5  | È               |
|   | Bradenton   | 34205   |  |  |  | 2  | fantra.         |
|   | · · · · · · · · · · · · · · · · · · ·   | · <u> </u>  |  |  | · · · · · ·  | പ  | £<br>174 pr     |
| (b)   | Craig B. Hill. Esquire  |   |  |  | •• •<br>• •  | -14<br>  | · · · ·         |
| (*)   | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>  | Office ad   | dress:   |  | ц.   | ö  |                 |
|   | Law Office of Craig B. Hill, P.L.   |   |  |  | 414<br>1   | 01   |                 |
|   | NEW Registered Office Address:  |   |  |  |  |  |                 |
|   | 50 Lake Morton Drive  |   |  |  |  |  |                 |
|   | Lakeland, FL  | 33801   |  |  |  |  |                 |
| the cha<br>agent v<br>was/we<br>the arti<br>Signa<br>I here<br>provisu<br>the obl | imited liability company is not organized under the lay<br>ange or changes are made, the Florida street address of<br>will be identical. Or, in the case of a Florida limited li-<br>ere authorized by an affirmative vote of the members of<br>icles of organization on the operating agreement of the<br>ture of a member or authorized representative of a member<br>by accept the appointment as registered agent and agr<br>ons of all statutes relative to the proper and complete<br>ligations of my position as registered agent as provide<br>ely reflect a change in the registered office address, 1<br>d in writing of this of my operations. | the regis<br>ability co<br>of the lim<br>limited l<br>Joh<br> | stered office as<br>impany, it is h<br>ited liability c<br>iability compa<br>in DaCosta,<br>Pr<br>in this capaci<br>ance of my dua<br>Thanker 605. F | nd the business offle<br>ereby confirmed the<br>company or as other<br>any.<br>Member<br>rinted or typed name of<br><i>ity</i> . I further agree<br>ties, and I am famili<br>S. Or. if this docu | ce of the<br>at the cha<br>wise prov<br>signee<br>to comply<br>ment is b | register<br>nge(s)<br>vided ir<br>wwith t<br>and acc<br>eing fil | he<br>ept<br>ed |

CBH Signature of Registered Agent

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