## L19000086433

(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



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December 29, 2017

DESTINY BAYLOR PARACORP INCORPORATED 2804 GATEWAY OAKS DR #100 SACRAMENTO, CA 95833

SUBJECT: MANJIT HOLDINGS, LLC

Ref. Number: L15000086433

We have received your document for MANJIT HOLDINGS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

FORM MUST CONTAIN CURRENT REGISTERED AGENT ON LINE 5A

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 817A00026323

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

## COVER LETTÉR

Division of C									
SUBJECT: MANJ	IT HOLDINGS, LLC								
30113ECT	Name of Limited Liability Company								
Dear Sir or Madam:									
The enclosed Registe	ered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.						
Please return all corr	espondence concerning thi	s matter to the	following:						
Destiny Baylor									
	Name of Person		_						
Paracorp Incorpo	rated								
	Firm/Company								
2804 Gateway O	aks Dr #100								
	Address								
Sacramento, CA	95833								
(	City/State and Zip Code								
paracorp@mypa									
E-mail address:	(to be used for future ann	ual report notifi	ication)						
For further informati	on concerning this matter,	please call:							
Destiny Baylor		800	533-7272						
Nam	e of Person		Area Code & Daytime Telephone Number						
Registration Division of C Clifton Build 2661 Execut	Corporations	Rep Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314						
Enclosed is a check for the following amount:									
☑ \$25 Filing	; Fee	□ SS	5 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.	Na	me of the limited liability company:	DINGS, L	_LC			
	(a)	110 WINDHAM DRIVE	(b) 110 WINDHAM DRIVE				
<u>.</u> .	(11)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability compati (Note: MAY BE POST OFFICE BOX				
		WINTER HAVEN, FL 33884		WINTER	R HAVEN, FL 33884		
		05/15/2015	L01000010670				
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	B&C Corporale Services Of the Registered Agent and Registered Office shown on the records of the	+ Cen	Fra   ept. of State	Flonda		
		Registered Office Address (MUST BE FLORIDA STREET A.	DDRESS)		-	. 18	
		390 North Drange Su	te 14	100			
		_orlando	32	801	-	18 JEN 11	
	(b)	Paracorp Incorporated				PH 1	
	(1)	Enter name of NEW Registered Agent and/or NEW Registered (	Office addr	ess:	-	PH 12: 22	
						27.	
		155 Office Plaza Orive, 1st Floor NEW Registered Office Address:			-	,,,,	
		NEW REgisteres Office Address.			-		
		Tallahassee, FL_	3230	)1	_		
th ag	e cha gent v as/w	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of the organization or the operating agreement of the	the registed bility confither the limit	ered offic npany, it i ed liabilit	is hereby confirmed that the company or as otherwi	the change(s)	
	<i>ي</i> ن	1. Julia			Anthony W. Justi		
		ture of a member or authorized representative of a member		la dela sas	Printed or typed name of sig		
- pi th - to	ovis e ob mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete f ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	perjorman I for in Cl iereby cor	hapter 60. afirm that	5, F.S. Or, if this docume the limited liability comp	comply with the with and accept ent is being filed pany has been	
		Millan Voing	, Assis	tant Si	ecretary		