L15000097315

(Requestor's Name)							
(Áddress)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJE	ANOTHER MANZ' TREASU	ANOTHER MANZ' TREASURE, L.L.C.						
000		ne of Limited 1	Liability Company					
Dear Si	r or Madam:							
The end	closed Registered Agent/Registered Off	fice Change an	d fee(s) are submitted for filing.					
Please r	return all correspondence concerning th	is matter to the	e following:					
Espera	anza Fraticelli							
	Name of Person							
Anothe	er Manz' Treasure, L.L.C.							
	Firm/Company							
2909 (Gulf to Bay Blvd., Apt. M204							
	Address							
Clearv	vater, FL 33759							
	City/State and Zip Code							
hopes	llc@gmail.com							
E-	mail address: (to be used for future and	nual report not	fication)					
For furt	her information concerning this matter	, please call:						
Espera	anza Fraticelli	973 at (641-6317)					
	Name of Person		Area Code & Daytime Telephone Nu	mber				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P	IAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314					
Enclosed is a check for the following amount:								
	☑ \$25 Filing Fee	a s	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.

L. N	ame of the limited liability company: ANOT	HER MAN	IZ' TI	REASUR	E. L.L.C.			
2. (a)			(b					
	Principal office address of limited liability con (<u>Note: MUST BE STREET ADDRESS</u>				Mailing address (Note: MAY)		•	
	2909 Gulf to Bay Blvd., Apt. M204			2909 Gu	ulf to Bay Bl	lvd., Ap	t. M20)4
	Clearwater, FL 33759			Clearwa	iter, FL 337	59		
	06/04/2015			10027336	67411			
3.	Date of filing/registration in Florida		4 .		Document n	umber		
5. (a)	Natalie Utrera, VP							
J. (u)	Registered Agent and Registered Office shown on the Spiegel & Utrera, P.A.	records of the l	lorida	Dept. of Stat	- e:			
	Registered Office Address (MUST BE FLORIDA 1840 S.W. 22nd St., 4th Fl.	STREET ADD	RESS	· · · · · · · · · · · · · · · · · · ·	-		2019 852	
	Miami,	. FL_33	145		_		1	٠.
(b)	Esperanza Fraticelli					5 PH		
, ,	Enter name of NEW Registered Agent and/or NEW Registered O			ress:	_		?:	
	Esperanza Fraticelli					,•	07	
	NEW Registered Office Address:				_			
	2909 Gulf to Bay Blvd., Apt. M204				_			
	Clearwater	_{, FL} 33	759		_			
the cha agent v was/w the art Signa I here provis, the obt	imited liability company is not organized undange or changes are made, the Florida street adwill be identical. Or, in the case of a Florida lere authorized by an affirmative vote of the micles of organization or the operating agreement of amendations of all statutes relative to the proper and cligations of my position as registered agent as any felfect a change in the registered office and in virting of this change.	ddress of the imited liabil embers of the time of the lime term of the lim	regis ity co e lim ited li o act forma r in C	tered office in pany, it is ted liability con ESPE in this cape in this cape ince of my hapter 603	e and the busis hereby confy company or mpany. AAAI AA Printed or type acity. I furthed duties, and I of F.S. Or, if it	ness offi irmed that as other an ame of er agree am famila	ce of the convise property of the complex with ment is	ne registered hange(s) rovided in

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

Signature & Registered Agent