1/1600087369

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

Office Use Only



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08/21/17--01028--013 **25.00

17 AUG 21 AM II: 52

S. WARREN AUG 2 3 2017



August 7, 2017

MICHAEL MOORE 1129 STERLING RD INVERNESS, FL 34450

SUBJECT: MANTIQUES AND OTHER FINERY, LLC

Ref. Number: L16000087369

We have received your document for MANTIQUES AND OTHER FINERY, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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

Letter Number: 817A00015943

Deborah Bruce Regulatory Specialist III

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 19 4 19 65 & College Free Syname of Limited Liability Con	1
Name of Limited Liability Col	npany 👼 🛌
Dear Sir or Madam:	2017 AUG -4 AH (#- 4)2 ALL AHASSEE JS LONG
The enclosed Registered Agent/Registered Office Change and fee(s) are	submitted for filing.
Please return all correspondence concerning this matter to the following:	AH (# 42 Corio
Name of Person	# 4.2 2
Firm/Company	
11) 9 Station (C) Address	
」 エルタルルッタ テレ ラリルダウ City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
$\frac{110 \text{ deal (flueres)}}{\text{Name of Person}} \text{ at } (352) = 72$	6 8463 de & Daytime Telephone Number
Name of Person Area Co	de & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING A Registration Section Registration S Division of Corporations Division of C Clifton Building P.O. Box 632 2661 Executive Center Circle Tallahassee, Florida 32301	section orporations 7
Enclosed is a check for the following amount:	
□ \$25 Filing Fee □ \$55 Filing Fe	ee & 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	ime of the limited liability company: MAN 1900	c & other	Finery	
	1129 Sterling Rd.	(b)	, 	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited (Note: MAY BE POST	
	Inverness, El 34450			
	5/03/2016	<u> </u>	00008736	9
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the	e Florida Dept. of Str		
	7337 Applewood Dr.	, Tronda isepi. or ou	arc.	
	Registered Office Address (MUST BE FLORIDA STREET AD	DRESSI	_	
	_	<u> </u>		
	Invenuess, FL 34450			4
	, FL			7 A
(b)	Michael Moore			F1L 7 Aug 21
(-)	Enter name of NEW Registered Agent and/or NEW Registered O	ffice address:		•
	1129 Staling Rd. NEW Registered Office Address:			-
	NEW Registered Office Address:			· 52
	Invenuess, FL 34450		_	
	FL			
16 (5 - 12		-64h - 64+4615		6° 4 .l 6
the cha agent w was/we the arti-	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of the cless of organization or the operating agreement of the liability.	ne registered offic ility company, it the limited liabili mited liability co	ce and the business off is hereby confirmed the ity company or as othe ompany.	ice of the registered lat the change(s) rwise provided in
<u>//// (</u>	ure of a member or authorized representative of a member	Michae	Printed or typed name of	Firmon
I herel provision the oblit to mere	ov accept the appointment as registered agent and agree on sof all statutes relative to the proper and complete per igations of my position as registered agent as provided by reflect a change in the registered office address, I he is a first thing of this change.	o to act in this car	pacity I further agree	to comply with the
Signatur	re of Registered Agent			