

Division of Corporations

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081

Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE GOLDEN MANGO, LLC.

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S. WARREN

JUN 0 7 2017

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.

I. Nan	ne of the limited liability company: GOLDEN M.	ANGO, LL	.C.
2. (a) _	3570 OLNEY LAYTONSVILLE RD	(b)	3570 OLNEY LAYTONSVILLE RD
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)
	SUITE 901		SUITE 901
	OLNEY, MD 20830		OLNEY, MD 20830
_	07/15/2016	_	L16000133673
3.	Date of filing/registration in Florida	4.	Document number
(b) _	MICHAEL TROUTNER Registered Agent and Registered Office shown on the records of to 1001 STARKEY ROAD Registered Office Address (MUST BE FLORIDA STREET ALLOT 296) LARGO , FL. Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered 3030 N. Rocky Point Dr. NEW Registered Office Address: STE 150A	33771	FILED 17 JUN -6 AM ID: 42 SEGRETARY OF STATE ALLAHASSEE, FLORIDA
	Tampa	33607	
the chan agent wi was/wer the articl	nited liability company is not organized under the law ge or changes are made, the Florida street address of II be identical. Or, in the case of a Florida limited lia e authorized by an affirmative vote of the members of less of organization or the operating agreement of the less of a member or authorized representative of a member or authorized representative of a member of a member as registered agent and agreement of all statutes relative to the proper and complete stations of my position as registered agent as provided by reflect a change in the registered office address, I have	the registers bility comp f the limited limited liab	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in lity company. RILEY PARK Printed or typed name of signee

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

Signature of Registered Agent