L17000047216

(Re	(Requestor's Name)				
(Ac	idress)				
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(Address)					
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(Cı	ty/State/Zip/Phone	: #)			
PICK-UP	☐ WAIT	MAIL			
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10.	ocument Number)				
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Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
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K. SALY SEP 28 2017

COVER LETTER

	istration Section ision of Corporations					
SUBJECT:	MANVEST BROWARD, LLC					
SOBSECT.	Name of Limited Liability Company					
Dear Sir or I	Madam:					
The enclose	d Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.			
Please return	n all correspondence concerning th	is matter to the	following:			
Steven Le	enoff					
	Name of Person					
Lenoff and	d Lenoff, P.A.					
	Firm/Company		- 			
4800 N. F	ederal Hwy Ste 301E					
	Address					
Boca Rate	on, FL 33431					
	City/State and Zip Code	,				
_	Lenoff.com					
E-mail	address: (to be used for future and	nual report noti	lication)			
For further i	information concerning this matter.	, please call:				
Steven Le	enoff	561 at (409-8800			
	Name of Person		Area Code & Daytime Telephone Number			
Reg Div Clif 266	REET/COURIER ADDRESS: distration Section distinction of Corporations from Building 1 Executive Center Circle dahassee, Florida 32301	Re Di P.	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 dlahassee, Florida 32314			
Enc	closed is a check for the following	amount:				
2 0 S	225 Filing Fee	□ s	55 Filing Fee & Certified Copy			
INHS18 (2/1-	4)					

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: MANVEST B	ROWARD,	LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	
3.	Date of filing/registration in Florida	L17	000047216 Document number
5. (a)	Steven Lenoff Registered Agent and Registered Office shown on the records of 1761 West Hillsboro Boulevard Suite 405 Registered Office Address (MUST BE FLORIDA STREET)		
	Deerfield Beach	33442	INSEP 27 PA
(b)	Steven Lenoff Enter name of NEW Registered Agent and/or NEW Registered 4800 North Federal Highway Building E Sui NEW Registered Office Address:		2011 SEP 27 PM 2: 50
	Boca Raton, FI	33431	
the cha agent v was we the arti	imited liability company is not organized under the law unge or changes are made, the Florida street address of will be identical. Or) in the case of a Florida limited li- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	ws of the State the registered ability compa of the limited limited liabili	I office and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. Lenoff, as authorized representative
Therei provisi the obl to mere notified	ture of a member or authorized representative of a member by accept the appaintment as registered agent and agreed of a statutes relative to the proper and complete ignions of my position as registered agent as provide ely reflect a change in the registered office address. It in writing of this change.	performance d for in Chap herebe confiri	of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed in that the limited liability company has been
	Division of Corporations P.O. FILING F	Box 6327● Ti EE: \$25.00	illahassec, FL 32314



September 6, 2017

LENOFF AND LENOFF, P.A. STEVEN LENOFF 4800 N FEDERAL HWY, STE. 301E BOCA RATON, FL 33431

SUBJECT: MANVEST BROWARD, LLC

Ref. Number: L17000047216

We have received your document for MANVEST BROWARD, LLC and your check(s) totaling \$250.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Karen A Salv Regulatory Specialist II

Letter Number: 017A00018360