Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000233780 3)))



H1800023378034BC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email Address:____

贈 MUG-9 PH

40

18 AUS 10 PH 12: 38

LLC REGISTERED AGENT CHANGE MS MAN DEBT LLC

Certificate of Status	0
Certified Copy	Û
Page Count	02
Estimated Charge	\$25.00

B FIGUEROA AUG 1 3 2018

Resubmission Keep Date 8/9/18

Electronic Filing Menu

Corporate Filing Menu

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 603.0116, 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

l. Na	me of the limited liability company: MS MAN DEBT	LLC			
£, (11)	Principal office address of finited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	STE 208	STE 208	3	and the first party and the second se	
	PONTE VEDRA BEACH, FL 32082	MINTE	PONTE VEDRA BEACH, FL 32082		
	05/22/2017	L1700011	13066		
3.	Date of filing/registration in Florida	4,	Document number		
	WALKER, CHRISTOPHER A				
	Registered Agent and Registered Office shown on the records o				
	Registered Office Address (MUST BE FLORIDA STREET	'ADDRESS)		284	
	800 WEST MONROE STREET		<u> </u>	ZSM AUG	
	JACKSONVILLE, F	L 32202			
				, L	
	Enter name of NEW Registered Agent and/or NEW Registers			FH 3: 05	
	NEW Registered Office Address:				
	822 N A1A, Suite 100				
	Ponte Vedra Beach	1,32082	,		
the chi- agent vas/w the art Signi I here provis the ob- to mer notific Chriss By:	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organizationary the operating agreement of the street of amended and another of a member of a street appointment as registered agent and a ligations of all statutes relative to the proper and completing at the actions of the proper and completing at the registered agent as proving the writing of this change.	gree to act in this careful of the limited liability of the liabilit	it is hereby confirmed in it is hereby confirmed in it is hereby company or as other company. Printed or typed rame capacity. I further agree my duries, and I am fan do for the second in this do for the second in the second i	that the change(s) erwise provided in 7.11 cet officient to comply with the current is being filed	
Signali	ure of Registered Agent Division of Corporations P.O	, Box 6327• Talla	hassee, F1. 32314		

FILING FEE: \$25.00