

**L17000147933**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

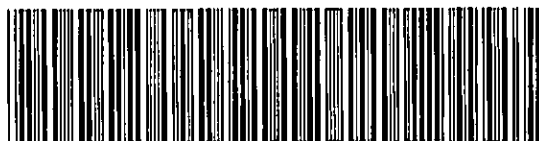
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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11/20/18 25



2804 Gateway Oaks Drive #100 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

NUMBER PAGES:

Date: November 09, 2018

AE: Alexis Mariland

TO: Registration Section Division of Corporations  
CLIFTON BUILDING  
2661 EXECUTIVE CENTER CIRCLE  
TALLAHASSEE, FL 32301

H1039

REFERENCE: 1221297

FAX:

PLEASE PERFORM THE FOLLOWING:

**MONARCH ONE MANAGEMENT, LLC**

**Change of Registered Agent**

IN: FL

SPECIAL INSTRUCTIONS: Hello,  
Please see the attached Change of Registered agent.  
Please let me know if you have any questions, amariland@myparacorp.com or (800) 909-3168  
Thank you,

<u>Service Description</u>	<u>Check Number</u>	<u>Name</u>	<u>Amount</u>
Change of Registered Agent	707652	Registration Section Division of Corporations	\$25

**PLEASE RETURN: Regular Mail**

**PLEASE CALL (800)533-7272 ATTN: Alexis Mariland TO CONFIRM FILING RESULTS**

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #100 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET  
(800)533-7272

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MONARCH MANAGEMENT, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEXIS MARILAND

Name of Person

PARACORP INCORPORATED

Firm/Company

2804 GATEWAY OAKS DR #100

Address

SACRAMENTO, CA 95833

City/State and Zip Code

PARACORP@MYPARACORP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEXIS M

Name of Person

at ( 800 ) 909-3168

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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**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. Name of the limited liability company: MONARCH ONE MANAGEMENT, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

7150 RUSTIC ACRES DRIVE

SARASOTA, FL 34241

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

7150 RUSTIC ACRES DRIVE

SARASOTA, FL 34241

07/10/2017

L17000147933

3. Date of filing/registration in Florida

4. Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

VERBLE, M. BRIAN

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

7150 RUSTIC ACRES DRIVE

SARASOTA, FL 34241

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

PARACORP INCORPORATED

NEW Registered Office Address:

155 OFFICE PLAZA DRIVE, 1ST FLOOR

TALLAHASSEE, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Thomas W. Cox  
Signature of a member or authorized representative of a member

Thomas W. Cox  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Jody M. Mulla, Asst. Secretary  
Signature of Registered Agent

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