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STADI

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Registration Section

TO:

INHS18 (2/14)

Division of Corporations			
SUBJECT: Manifest Site Selection & Ev	ent S	Services	
Name of L	imited	Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Ch	nange a	nd fee(s) are submitted for filing.	
Please return all correspondence concerning this mat	ter to th	ne following:	
VENESSA GRANT		ال در	202
Name of Person	• .,	— ALE	2021 AUG
Manifest Site Selection & Event Service	ces	A BY	ည်
Firm/Company		 ୬୪.ମ ମନ	<u> </u>
6336 LAKE SMITH CIRCLE #10		TATE	PM 3: 4 I
Address	-		
WINDERMERE, FL 34786			
City/State and Zip Code			
VGRANT@MANIFESTSITESELECT.	СОМ		
E-mail address: (to be used for future annual re	port no	tification)	
For further information concerning this matter, please	e call:		
VENESSA GRANTat (₍ 407		
Name of Person	(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 Fallahassee, Florida 32314	
Enclosed is a check for the following amou	unt:		
\$25 Filing Fee		\$55 Filing Fee & Certified Copy	

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	ame of the limited liability company: Manifest	Site	Select	ion & Event Services	
2. (a)			(b)		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	6336 LAKE SMITH CIRCLE #10		6336 L	AKE SMITH CIRCLE #10	
	WINDERMERE, FL 34786		WINDEREMRE, FL 34786		
	07/20/2017		L17000	154429	
3.	Date of filing/registration in Florida	- 4.		Document number	
F (-)	UNITED STATED STATES CORPORATION AGENT	rs. Inc			
5. (a)	Registered Agent and Registered Office shown on the records of			- e:	
	5575 S. SEMORAN BLVD, SUITE 36				
	Registered Office Address (MUST BE FLORIDA STREET.		<u>SS)</u>	-	
				202 SEI T	
	ORLANDO .FI	3282	22	ZOZI AUG SECRETA	
(1.)	Registered Agents Inc.			## -3 F	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office :	nddress:		
	7901 4th St N			3: 4.1	
	NEW Registered Office Address:	<u> </u>	•	-	
	STE 300			-	
	St. Petersburg	3370)2		
the cha agent v was/wa	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	f the regability of the limited	gistered office company, it i mited liabilit	e and the business office of the registere is hereby confirmed that the change(s) y company or as otherwise provided in inpany.	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obl to mer notifie	by accept the appointment as registered agent and aginous of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I dim writing of this change. Bill Havre - Assistar	perfor d for in hereby	mance of my Chapter 605 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filed the limited liability company has been	
Signatu	re of Registered Agent		,		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1LING FEE: \$25.00