L19000077360

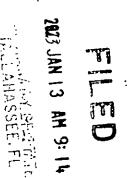
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
·
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100394308701

09.713.32--01015--020 **85.00





December 15, 2022

BERIT MANSOUR 2501 DEWITT AVENUE ALEXANDRIA, VA 22301

SUBJECT: MANBERG STRATEGIES LLC

Ref. Number: L19000077360

We have received your document for MANBERG STRATEGIES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6050.

Tammi Cline Regulatory Specialist II Supervisor

Letter Number: 222A00028035

2072 JAN 13

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Manberg Strate,	Dies Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and t	ee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fe	ollowing:
Berit ManSar Name of Person	 -
Manbern Strategies First/Company	BUZ JAN
2501 Deuitt Avenue	HASSEE, F
City/State and Zip Code	-
BEHALLBE @ CM:AL. C E-mail address: (to be used for future annual report notific	eation)
For further information concerning this matter, please call:	
13eht ManSar at (402) Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
□ \$25 Filing Fcc □ \$5	5 Filing Fee & Certified Copy
INHS18 (2/14)	

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. Nan	ne of the limited liability company:	2013	Strate	gits		
2. (a) _		_ (b)_		,		
(, _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)-	_	nddress of limited liab MAY BE POST OF		•
	2501 Dewt Ave.		2501	Devitt	Arc.	
	arcyandia, VA 22301		alen	andria!	W-27	2301
	May 2019		L1900	007730	e 0	
3.	Date of filing/registration in Florida	4.	Docun	nent number	·	
5. (a)	Perit ManSaur Registered Agent and Registered Office shown on the records of t	he Florida D	lent of State:			
	— , , , –		ept. of state.			
	Registered Office Address MUST BE FLORIDA STREET A					
				(A	20	
	Tanipa .FL	_33	616	N. C.	1023JAN	T
	·			Ai	် သ	(S)
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	P51.	AHASSE	∢	777
			 -	ιμς m-		
	Kane Harde			<u>_n</u> :	9: 14 STATE	
	NEW Registered Office Address:				- F	
	1981 Saddle Hi	11 K	<u>d.</u> N.			
	Ounedin, FL	30	1698			
change agent v	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered ability con of the limit	office and the bipany, it is herebed liability compositive company.	usiness office of t y confirmed that to pany or as otherwi	he registe the change ise provid	r e d e(s)
	fure of a inember or authorized representative of a member		Printe	ManSa d or typed name of sig	gnee	
noujtec	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I it is writing of this change.	ree to act i performai d for in Cl hereby cor	n this capacity. nce of my duties, napter 605, F.S. nfirm that the lin	I further agree to and I am Jamilia. Or, if this docum nited liability com	comply w r with and ent is beir pany has	ith the laccept ng filed been
Signatu	re of Registered Agent					