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



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COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | |
|---|--|---|--------------------------------------|--|--|--|
| SUBJE | ECT: Mancini Promotions, LLC | | | | | |
| | | ne of Limited Liab | ility Company | | | |
| Dear S | ir or Madam: | | | | | |
| The en | closed Registered Agent/Registered Off | fice Change and fe | e(s) are submitted for filing. | | | |
| Please return all correspondence concerning this matter to the following: | | | | | | |
| Stanf | ford R. Solomon | | | | | |
| | Name of Person | | | | | |
| The S | Solomon Law Group, P.A. | | | | | |
| | Firm/Company | . | • | | | |
| 1881 | W. Kennedy Blvd, Suite D | | | | | |
| | Address | | • | | | |
| Tamp | oa, FL 33606 | | | | | |
| | City/State and Zip Code | | | | | |
| ssolo | mon@solomonlaw.com | | | | | |
| ŀ | -mail address: (to be used for future and | nual report notifica | ation) | | | |
| For further information concerning this matter, please call: | | | | | | |
| Stanf | ord R. Solomon | at (| 225-1818 | | | |
| | 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 Tallahassee, Florida 32314 | | | | |
| | Enclosed is a check for the following amount: | | | | | |
| | ☑ \$25 Filing Fee | | | | | |

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: Mancini Prome | otions | LLC | | |
|--|--|---|--|--|--|
| 2. (a) | | (t | o) | | |
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | 5460 Southern Comfort Blvd | | 5460 Sc | outhern Comfort Blvd | |
| | Tampa, FL 33634 | _ _ | Tampa, | FL 33634 | |
| | 07/05/2019 | | L190001 | 75320 | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | |
| 5. (a) | Cotney Construction Law, LLP | | | | |
| J. (a) | Registered Agent and Registered Office shown on the records of the | he Florida | a Dept. of Stat | - e: | |
| | 3110 Cherry Palm Drive | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET A | <u> </u> | - | | |
| | Suite 290 | | | 19 311 | |
| | Tampa . FL | 33619 | | 19 MOV -8 | |
| (h) | | | | | |
| (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | | | |
| | The Solomon Law Group, P.A. | | | | |
| | NEW Registered Office Address: | | | - | |
| | 1881 W. Kennedy Blvd, Suite D | | | - | |
| | Tampa ,FL | 33606 | | | |
| the cha agent was/we the arti | mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liater authorized by an affirmative vote of the members of cles of organization or the operating agreement of the lure of a member or authorized representative of a member | the regi bility co f the lin limited | stered office ompany, it i nited liabilit liability con | e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in | |
| 1 1 | La company de | an to an | t in thin acc | under 16 melen und eine under eine | |
| provisi the obli to mere notifie | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided the reflect a change in the registered office address, I have been also this standard of the registered of the registered of this standard of the registered of this standard of the registered Agent | ee to ac perform I for in (pereby c | i in inis cap ance of my Chapter 60: onfirm that | activ. I further agree to compty with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been | |

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