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(Re	equestor's Name)			
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N RRUCE AUG 20 2020

COVER LETTER

TO:	Registration Section Division of Corporations								
SUBJI	ECT: MANAGEMENT HOLD, Name of Limited L	NES GROUP LLC iability Company	<u> </u>						
Dear S	ir or Madam:								
The en	closed Registered Agent/Registered Office Change and	fee(s) are submitted for filing.							
Please	return all correspondence concerning this matter to the	following:							
	MARY KINGDOM								
	Name of Person								
	- 11 · 2 · / c · 6.0	n 0/1/C							
	MANAGEMENT HOLDINGS GR								
	Firm/Company								
	475 E. ALTAMONTE DRIVE,	Suite 108-730	2020 SE(
	Address	_ 	2020 JUL -8 SECRETARY TALLAHA						
^		1	- H						
141	TAMONTE SPRINGS, FL 3270	<u> </u>	SSE AK						
	City/State and Zip Code								
	MARY. Y. KINGDOME GMAIL.	com	7: 12 S ME E. FL						
E	E-mail address: (to be used for future annual report notification)								
For fur	ther information concerning this matter, please call:								
		5 							
i	MARY KINGDUM at (907) 56776								
Name of Person Area Code & Daytime Telephone Number									
	Mailing Address:	Street Address:							
	Registration Section	Registration Section Division of Corporations							
	Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee								
	Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810								
		Tallahassee, FL 32303							
	Enclosed is a check for the following amount:								
	□ \$25 Filing Fee □ \$	55 Filing Fee & Certified Conv							

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. N a	ame of the limited liability company:	MANAC	>EVVEN	JT E	toldings	GROUP	LLC
2. (a)			(b)				
2. (a)	Principal office address of limited liabilit (Note: MUST BE STREET ADDI	_ (0)_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
				1 0			
	3/20/20			L 2	000009	51767	
3.	Date of filing/registration in Flo	orida	4.		Document numbe	r	
5. (a)	MARY KINGDON	1					
υ. (α)	Registered Agent and Registered Office shown o		ne Florida Dep	pt. of State	- : ;		
	Registered Office Address (MUST BE FLOR	RIDA STREET A	DDRESS)		-		
	478 E-ALTAM	UNTE	DRIVE	- , 5	uite 108		
	ALTAMONTE SPRIN			· · · · · ·	•		
	RECTIVIORE SPRIN	, FL_	52/		-	20	
(h)	JUSEPH E. SEA	ACLE 1	2. A .			SECIOLITY SECTORITY	
(0)	Enter name of NEW Registered Agent and/or N				-		الله المدار الحكيون
	924 W CULUNI	AL DR	VE			HAS A	
	NEW Registered Office Address:				•	199 3	
	Negative of the radius.						
					•	, W 6	
	ORLANDO	, FL_	328	04			
If the l	imited liability company is not organized	under the low	e of the Sta	ta of Elo	rida itis barabu a	antimod that a	Good ele o
change agent w was/we the arti	or changes are made, the Florida street a vill be identical. Or, in the case of a Florere authorized by an affirmative vote of the cles of organization or the operating agreement.	iddress of the r ida limited liat he members of	egistered o oility compa the limited	ffice and any, it is Hiability	I the business office hereby confirmed company or as of	ce of the register that the change	red :(s)
	may Kingdon			M	Printed or typed nam	Mod	
	ture of a member or authorized representative of a	member			Printed or typed nam	e of signee	
provisi the obl to mere notified	by accept the appointment as registered a ons of all statutes relative to the proper a igations of my position as registered age ely reflect a change in the registered offic I in writing of this change.	ind complete p nt as provided re address, I he	erformance for in Chap creby confir	his capa e of my a oter 605, rm that t	icity. I further agr luties, and I am fal F.S. Or, if this do he limited liability	ee to comply wi miliar with and ocument is being company has b	th the accept g filed cen
30	seph E. Seagla	Preside	nt				
Signatu	re of Registered Agent						