Division of Corporations



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To:

Division of Corporations Fax Number : (850)617-6383

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE

M.A.N.E. LLC

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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.	Na	me of the limited liability company: M.A.N.E.	LLC		
2.		1070 MONTGOMERY ROAD	(h	. 1070 M	ONTGOMERY ROAD
<u> </u>	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0,		failing address of limited fiability company: (Note: MAY BE POST OFFICE BOX)
		363		363	
		ALTAMONTE SPRINGS, FL 32714	-	ALTAMO	NTE SPRINGS, FL 32714
		03/27/2020		L20000C	91189
3.		Date of filing/registration in Florida	4.		Document number 2
5.	(a)	HAVRE, BILL			Document number 2020 HAR 30
		Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of State	
		7901 4TH ST N			30
		Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS.)	
		4000			The state of the s
		ST. PETERSBURG	33702	• •	AH II: 36
	(b)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered C	Office ado	<u>fress</u> ;	
		NEW Registered Office Address:			
		STE 300			
		St. PetersburgFL	33702		
the age wa	cha ent v s/we 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 liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabere.	the regis bility co f the lim imited l	tered office mpany, it is ited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	•	ture of a member or authorized representative of a member			Printed or typed name of signee
pro the to	ovisi obl mere	by accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I had a lim spriting of this change. Bill Havre - Assistant	performa I for in C ereby co	ance of my o Thapter 605 Infirm that i	luties, and I am familiar with and accept F.S. Or, if this document is being filed
Six	natu	re of Registered Agent		,	