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COVER LETTER

Division of Corporations Manatee Avenue Holdings, LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Caroline Lascek Name of Person K&L Gates LLP Firm/Company 210 Sixth Avenue Address Pittsburgh PA 15222 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Name of Person **Mailing Address: Street Address:** Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: ☐ \$55 Filing Fee & Certified Copy □ \$25 Filing Fee

TO:

Registration Section

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	nme of the limited liability company: Manatee Avenu	ue Holding	gs, LLC
2.	(a)	1126 Castletown Ct,	(b)	1126 Castletown Ct,
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (")-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Sewickley, PA 15143		Sewickley, PA 15143
		08/07/2020		L20000230354
3.		Date of filing/registration in Florida	4.	Document number
5. (a) <u>DENTONS COHEN & GRIGSBY P.C., INC.</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		ept. of State:		
		9110 STRADA PLACE STE 6200		
		Registered Office Address (MUST BE FLORIDA STREET A.		2024 APR SECRETA
	(b)	NAPLES		9 1 1 1 1 1 1 1 1 1 1
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office addre	251 =
		Corporation Service Company		AM II: O4
		NEW Registered Office Address:		
		1201 Hays Street		
		Tallahassee FL_	32301	
chi age wa the	ange ent v is/we e arti	or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization of the liable operating agreement of the liable of a member or authorized representative of a member	egistered o pility comp the limite imited liab	office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
pro the to	ovisi 2 obl mere	by accept the appointment as registered agent and agre- óns 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 he I'm writing of this change.	e to act in erformanc for in Cha ereby confi	this capacity. I further agree to comply with the se of my duties, and I am familiar with and accept spier 605. F.S. Or, if this document is being filed firm that the limited liability company has been

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

INHS18 (2/14)

Shauna Godbolt.