Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 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 DAVID MANIGAT ENTERPRISES, LLC

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MAR 3 1 2023

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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.

ì.	Name of the limited liability company: DAVID MANIGAT ENTERPRISES, LLC					
2	(a)		(b)			
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (**)	Mailing address of limited (Note: MAY BE POST	l liability company:	
		7901 4th St N STE 300	_	7901 4th St N STE 300		
		St. Petersburg, FL 33702	_	St. Petersburg, FL 33702	<u>></u>	
		04/22/2021		L21000186915		
3.		Date of filing/registration in Florida	4.	Document number		
5.	(a)	INC AUTHORITY RA				
	()	Registered Agent and Registered Office shown on the records of the				
390 NORTH ORANGE AVE., STE 2300-N						
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
		ORLANDO , FL	32801		21	
					2023 MAR 3.0	
	(b)	Northwest Registered Agent LLC Enter name of NEW Registered Agent and/or NEW Registered	Office add	PACL.		
		Effect fields of 145.9 Registered right units 145.9 Registered	CHILL GGG	<u>. C </u>	· 30	
		7901 4th St N			三	
		NEW Registered Office Address:			<u>ج</u> ب	
		STE 300			ယ	
		312 300			2	
		St. Petersburg , FL	33702			
the agi	echa ent v is/wi	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regist bility cor f the limi limited li	ered office and the business of npany, it is hereby confirmed the ted liability company or as othe	fice of the registered hat the change(s)	
7-5	<u>.i'</u> Signa	ture of a member or authorized representative of a member		Printed or typed name o	of signee	
pro the to	ovisi 2 obl mer	by accept the appointment as registered agent and agro ons of all statules relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	ee to act performa I for in C pereby co	in this capacity. I further agree nce of my duties, and I am fam hapter 605, F.S. Or, if this doc nfirm that the limited liability c	e to comply with the iliar with and accept sument is being filed sompany has been	
Xi	gnatu	Taylor Newman - Assistant Secretary	•			