Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email Address:\_

LLC REGISTERED AGENT CHANGE

MANESHAW LLC

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K. Brumbley

3/1/2024 (4:04/0) PST , To 18506176383 Page 2/2 Fax: 8134365206

## 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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

l Na	me of the limited liability company.		
2. (a)		(b)	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	11/17/2022	L220	00493116
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	NISHAD KHAN, P.L.		
	Registered Agent and Registered Office shown on the records of	the Florida Dept	, of State
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	1303 N. ORANGE AVE.	<del> </del>	
	ORLANDO FL	32804	
(b)	Registered Agents Inc		202
101	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	024 HAR -4
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300	·····	
	St. Petersburg, FL	33702	 
he cha igent w vas/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registered ability compa of the limited limited liabil	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
i V	ure of a member or authorized representative of a member	Robin Jon	Printed or typed name of signee
I herel provisio he obli o mere	ov accept the appointment as registered agent and agreens of all standes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I I fin writing of this change.	performance d för in Chap wreby confiri	uis capacity. I further agree to comply with the

Signature of Registered Agent