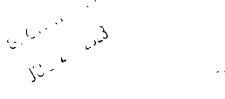
La3000298057

(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of S	Status	
Special Instructions to Filing Officer:		

Office Use Only



500411485815



07/26/35--01022--008

15 (i) 15 (ii) 15 (iii) 15 (ii

20 MHH41

RECEIVED

COVER LETTER		
TO: Registration Section Division of Corporations		
SUBJECT: Manager Chronicles LLC 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:		
David J. Noble Name of Person		
Mancare Chronicles LLC Firm/Company		
411 Musgrone St. Apt 210 Clinton, SC 29325		
Clinton, South Carolina 29325 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
David Noble at (1001) 2/11 7473 Name of Person Area Code & Daytime Telephone Number		
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303		
Enclosed is a check for the following amount:		
\$25 Filing Fee \$ Certified Copy		

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. Name of the limited liability company: Mancar Chro	nirtes LLC
2. (a) 535 NT 25th St. Spaintsville Ft. 32641 (Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	b) 411 Mysy ore St. 1904 210 Chinton St. 29325 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
535 Nr 95th St Gainsville FL	411 Musgrow St Apt 210 Chotach
321:41	<u>sc 24325</u>
06121123	<u>L23U00298057</u> Document number
3. Date of filing/registration in Florida 4.	Document number 5 23
5. (a) Divid Noble Registered Agent and Registered Office shown on the records of the Florid	Document number (7) 223
	1325
FIN Musgrove St. Apt. 210 Chinton FL 20 Registered Office Address (MUST BE FLORIDA STREET ADDRESS	
411 Musgrave St Apr 210 Clinton	
, fl093	32
(b) David Noble Enter name of NEW Registered Agent and/or NEW Registered Office a	ddress:
NEW Registered Office Address:	
535 NE 25th St	
Gamesville , FL 326	.41
If the limited liability company is not organized under the laws of the change or changes are made, the Florida street address of the register agent will be identical. Or, in the case of a Florida limited liability of was/were authorized by an affirmative vote of the members of the limited the articles of organization or the operating agreement of the limited	company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in
Signature of imember or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete perfort the obligations of my position as registered agent as provided for in to merely reflect a change in the registered office address. I hereby notified in writing of this change.	ct in this capacity. I further agree to comply with the mance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been
Signature of Registered Agent	
Ordinatora At tradigueses tida	