

M070000007157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

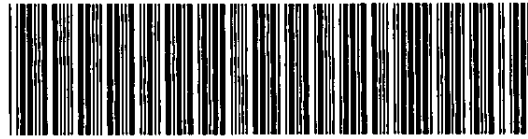
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MANN RESEARCH CENTER 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:

John De Russo
Name of Person

MANN RESEARCH CENTER, LLC
Firm/Company

10490 SW Village Center Drive
Address

Port St. Lucie, FL 34987
City/State and Zip Code

JohnDeMBP LLC . Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John De Russo at (772) 345-3515
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2013

JOHN DELRUSSO
10490 SW VILLAGE CENTER DRIVE
PORT ST LUCIE, FL 34987

SUBJECT: MANN RESEARCH CENTER, LLC
Ref. Number: M07000007157

We have received your document for MANN RESEARCH CENTER, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Leslie Sellers
Regulatory Specialist II

Letter Number: 313A00016810

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13 AUG - 8 PM 3: 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: MANN RESEARCH CENTER, LLC
2. (a) Principal office address of limited liability company: 10490 SW VILLAGE CENTER DRIVE
PORT ST. LUCIE,
FLORIDA 34987
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 10490 SW VILLAGE CENTER DRIVE
PORT ST. LUCIE
FLORIDA 34987
(Note: **MAY BE POST OFFICE BOX**)
- 12/10/2007 3. Date of filing/registration in Florida
- M07000007157 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Agent: CAPITOL CORPORATE SERVICES, INC.
- Registered Office Address: 155 OFFICE PLAZA DRIVE, STE A
TALLAHASSEE
FLORIDA 32301
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
- NEW Registered Agent:** John DeRusso
- NEW Registered Office Address:** MANN RESEARCH CENTER, LLC
10490 SW VILLAGE CENTER DRIVE
PORT ST. LUCIE, FL 34987
(**MUST BE FLORIDA STREET ADDRESS**)

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

John DeRusso
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

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