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COVER LETTER

Division of Corporations				
SUBJECT: 5 5 MANAGEMENT GROUP LC 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:				
Rich FRYE Name of Person				
Sis Management Group LLC Firm/Company				
6931-C Highway 70				
Newport, NC 28576 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Rich FRYS at (252) 648-8814 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 Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:				
\$25 Filing Fee \$\text{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. Na	une of the limited liability company: 5 \$ MANAS	EMENT GROUD LLC	
2. (a)		(Note: MAY BE POST OFFICE BOX)	68
3. 5. (a)	Date of filing/registration in Florida John Nail, 2440 Hastate CT, Middle Ar Registered Agent and Registered Office shown on the records of the Florida	M13000005532 Document number 12018 2007 of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS	ED	
(b)	Rich Rys. Enter name of NEW Registered Agent and/or NEW Registered Office ad	ldress:	
	14141 46 TH ST. NORTH, 64 TE 1208 NEW Registered Office Address:		
			3 OCT -5
the cha agent v was/wa	imited liability company is not organized under the laws of the inge or changes are made, the Florida street address of the regivill be identical. Or, in the case of a Florida limited liability or authorized by an affirmative vote of the members of the lincles of organization or the operating agreement of the limited	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in	M 7: 5
	ture of a member or Juthorized representative of a member	Printed or typed name of signee	1/3
I here provisi the obl to mere notified	by accept the appointment as registered agent and agree to account of all statutes relative to the proper and complete perform igations of my position as registered agent as provided for in elly reflect a change in the registered office address, I hereby continuous this change.	t in this capacity. I further agree to comply with the ance of my duties, and I am Jamiliar with and accept Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been	
Signatu	re of Registered (psu)		

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