

Florida Department of State

**M17000005784**  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : 120180000011  
Phone : (844) 386-0178  
Fax Number : (214) 317-4754

\*\*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  
LMNAD MANAGEMENT GROUP, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

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APPROVAL  
AND  
FILED

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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.

1. Name of the limited liability company: MINAP MANAGEMENT GROUP LLC

2. (a) Principal office address of limited liability company.  
(Note: MUST BE STREET ADDRESS)  
1880 EASTWEST PARKWAY #9237  
FLEMING ISLAND, FL 32006

(b) Mailing address of limited liability company.  
(Note: MAY BE POST OFFICE BOX)  
1880 EASTWEST PARKWAY #9237  
FLEMING ISLAND, FL 32006

3. Date of filing registration in Florida 02/01/2023 Document number 1133701

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State  
REGISTERED AGENTS INC  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
7901 4TH STREET NORTH SUITE 300  
S.E. PETERSBURG, FL 33701

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address.  
LEGAT INC CORPORATE SERVICES INC  
NEW Registered Office Address:  
476 Riverside Ave  
Jacksonville 32202

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.

Maryanne Seales Maryanne Seales  
Signature of a member or authorized representative of a member Printed or typed name of signer

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 605, 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  
unified in writing of this change.

Mr. F...  
Signature of Registered Agent

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

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