N180000097L2

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

Office Use Only



900379975919

CEVELYED

Y SULKER FEB 1 4 2022



1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500							
ACCOUNT NO. : I2000000195							
REFERENCE : 470669 8264125							
AUTHORIZATION: Inellelle man							
COST LIMIT : \$ 25.00							
ORDER DATE : February 11, 2022							
ORDER TIME : 11:0 AM							
ORDER NO. : 470669-005							
CUSTOMER NO: 8264125							
<u>CHANGE OF AGENT</u>							
NAME: MANNIS OPERATIONS LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY							
XX PLAIN STAMPED COPY							

EXAMINER'S INITIALS:

. CORPORATION SERVICE COMPANY

CONTACT PERSON: Eyliena Baker

COVER LETTER

TO:		stration Section sion of Corporations					
SUBJE	ECT:	Mannis Operations LLC					
		Name of Limited Liability Company					
Dear S	ir or M	Aadam:					
The en	closec	Registered Agent/Registered	l Office Change	and f	ee(s) are submitted for filing.		
Please	return	all correspondence concernit	ng this matter to	the fo	ollowing:		
Laurer	n Kast	rinos					
		Name of Person		_	_		
Manni	s Ope	rations LLC					
		Firm/Company			_		
145 Sc	oundir	igs Avenue - Suite 210					
		Address			_		
Jupiter	r FL 3	3477					
		City/State and Zip Co	ode		_		
lauren	@mar	nnisgroup.com					
Е	E-mail	address: (to be used for future	e annual report n	otific	ation)		
For fur	ther in	nformation concerning this ma	atter, please call:				
Laurer	n Kast	rinos	561 at (299-3261		
		Name of Person	••• (Area Code & Daytime Telephone Number		
	Regi Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Encl	osed is a check for the follow	wing amount:				
	□ \$3	25 Filing Fee		\$55	Filing Fee & Certified Copy		

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. N	ame of the limited liability company: Mannis Operat	tions LLC	<u> </u>	
2. (a)		ı	(b)	
2. (41)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	145 Soundings Avenue - Suite 210		145 Sour	dings Avenue - Suite 210
	Jupiter FL 33477		Jupiter Fl	_ 33477
	02.08.2022		M1800000	9742
3.	Date of filing/registration in Florida	4.		Document number
5. (a))			
	Registered Agent and Registered Office shown on the records o Wohlfarth, Donna	of the Flori	da Dept, of Stat	e:
	Registered Office Address (MUST BE FLORIDA STREET	TADDRE:	<u>SS)</u>	-
	145 Soundings Avenue, Suite 210			
	Jupiter , F	L_FL		- -
4.				292
(b)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office :	iddress:	
	Corporation Service Company			
	NEW Registered Office Address:			
	1201 Hays Street			
	Tallahassee , F	L_32301		
chang agent was/w the art	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited latere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the members to the companization of the compan	ie registe liability of of the li e limited	red office an company, it is mited liabilit	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in appany.
1 bow	ature of a member or authorized representative of a member why accept the appointment as registered agent and ag	nego to a	et in this een	Printed or typed name of signee
provis the ob to mei	ens accept the appointment as registered agent and ag- sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, l and in writing of this change	e perfori led for in herchy	nance of my Chapter 605 confirm that	duties, and I am familiar with and accept b, F.S. Or, if this document is being filed the limited liability company has been

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