Ma100009803

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
J. HORNE SEP - 4 2025						

Office Use Only

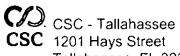


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2025 SET -3 KH 9: 52

25 SEP -3 AM II: 15

CHIVED



Tallahassee, FL 32301-2607 850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext: x62969 Date: 09/03/25

Order #: 4334412-148

Re: LJA PROGRAM MANAGEMENT, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.00 - FL State Account Number: I20000000195

The state of the s

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Amanda Miller c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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:	MANA	GEMENT, L	LC	
2. (a)	7500 RIALTO BLVD, BUILDING II SUITE 100	((b) 3600 W SAM HOUSTON PKWY S SUITE (
~. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\	.,,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	AUSTIN, TX 78735		HOUSTO	DN, TX 77042	
	07/29/2021		M210000	09803	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	REGISTERED AGENTS INC.				
5. (a)	Registered Agent and Registered Office shown on the records of	t the Floric	la Dept. of Sta	- te:	
	7901 4TH ST N STE 300				2025
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_	S S
					•
	ST. PETERSBURG	33702		_	را دی
	SI. PETERSBURG	L		_	#: \tag{2}
					့် မွှ
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			_	52
	Early frame of NEW Registered Agent and/of INEW Registere	u trine a	uuress.		
	Corporation Service Company				
	NEW Registered Office Address:			_	
	1201 Hays Street				
	Tallahassee	32301		_	
	, F	L		_	
change agent v was/we	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e register iability c of the lir	ed office ar ompany, it i nited liabili	d the business offices s hereby confirmed to ty company or as oth	of the registered that the change(s)
	Carl Shaw	Ca	rl Shaw -Au	thorized Signer	
Signa	ture of a member or authorized representative of a member			Printed or typed name	of signee
provisi the obl to merc	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I I in writing of this change.	ree to ac perforn ed for in hereby c	t in this cap vance of my Chapter 60: confirm that	acity. I further agre duties, and I am Jam 5, F.S. Or, if this doc the limited liability o	e to comply with the iliar with and accept cument is being filed company has been
	race E. Kirby				
Signatu	re of Registered Agent				

INHS18 (2/14)