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JUN 12 205 T. LEMIEUX

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: CENTURY MOBILE MANDE, 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:					
MARIE Goodin Name of Person					
COOK COMPANIES Firm/Company					
1826 S. MAIN St.					
AKRON, OH 44301 City/State and Zip Code					
MARIE O COOK- COMPANIES COM E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
MARIE GOODIO at (330) 773 · 3351 Name of Person at (330) 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					

☐ S55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

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	ume of the limited liability company: CEMUR	y mob	ILE MANOR	<u>LLC</u>
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited li (Note: MAY BE POST C	
3. 5. (a)	3-5-99 Date of filing/registration in Florida TAMES L. COOK Registered Agent and Registered Office shown on the records of the	4.	00000319 Document number	
	7100 SUNSET WAY PHT Registered Office Address (MUST BE FLORIDA STREET A)			
(b)	St. PETE BEACH, FL. DAVID L. COOK Enter name of NEW Registered Agent and/or NEW Registered C		2014 JUN -3 A SECRETARY OF STALLAHASSEE, FL	T F
	NEW Registered Office Address: TPEASURE TSIME. FL.	3370 u	STATE LURIDA	Ö
the cha agent w was/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of tivil be identical. Or, in the case of a Florida limited liabore authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabore.	he registered office oility company, it the limited liability	ce and the business office is hereby confirmed that ity company or as otherw	e of the registered t the change(s)
G.:		DAVID	L.COOK	
_	ure of a member or authorized representative of a member		Printed or typed name of s	-2
I herek provision the oblit to mere notified	ov accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he I'in writing of this change.	e to act in this cap performance of my for in Chapter 60 preby confirm that	pacity. I further agree to duties, and I am familia 15, F.S. Or, if this docun t the limited liability con	o comply with the ir with and accept nent is being filed npany has been