

P04000106598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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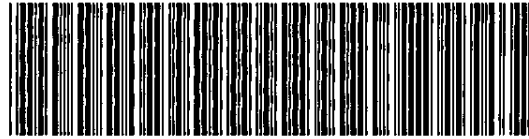
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DR  
8/15/11

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: MANCE, INC.  
Name of Corporation

DOCUMENT NUMBER: P04000106598

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MANUEL Arce  
Name of Contact Person

MANCE, INC.  
Firm/Company

658 SW Tulip Blvd  
Address

Port St. Lucie, FL 34953  
City/State and Zip Code

nextlevelauto@rocketmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MANUEL Arce at (954) 804-2315  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MANCE, INC.
2. The principal office address: 658 SW Tulip Blvd  
Port St. Lucie, FL 34953
3. The mailing address (if different): S/A
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: PD4000106598
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

old MANUEL ARCE  
10840 153rd CT North  
JUPITER, FL 33478

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NEW MANUEL ARCE  
658 S.W. Tulip Blvd  
P.O. Box NOT acceptable  
Port St. Lucie, FL 34953

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Manuel Arce  
Signature of an officer or director

Manuel Arce  
Printed or typed name and title

Owner  
President

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Manuel Arce  
Signature of Registered Agent

8/10/11  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*