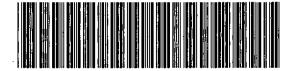
P07000015272

| (Re | questor's Name) | |
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| (Address) | | |
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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: MANCINELL INVESTMENT GROUPY, INC. Name of Corporation |
| DOCUMENT NUMBER: P07000015272 |
| 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: |
| PAUL MANCINELLI Name of Contact Person |
| MIG VING |
| POBOX 668 |
| ST PETERS BURG FL 3373/ City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: PAUL MANCINEU at (72), 409-8227 |
| 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 $FLDRIDA$ |
| in order to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of the corporation: MANCINEUL INVESTMENT GROUP V, INC |
| 2. The principal office address: 653 471 AVES |
| ST PETERSRURG, FL 33'101 |
| 3. The mailing address (if different): POBOX 608 |
| STPETERSBURGER 33731 |
| 4. Date of incorporation/qualification: 2/2/07 Document number: P0700015272 |
| 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) |
| Florida Department of State: (If resigned, enter resigned) |
| PETER HOFSTRA |
| ROYD SEMINDLE BLUD = 3 B |
| C C C C C C C C C C C C C C C C C C C |
| SEMINOLE FL 35))2 3 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| DOW MANCINELL |
| TNOC TRNCINCO |
| P.O. Box NOT acceptable |
| ST DETEROR RURO EL 33721 |
| SI PETERSONO, I SONO |
| 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. |
| |
| Signature of an officer or director AUL MANCINEU Trimled or typed name and title |
| 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 providities, and I am familiar with and accept the obligation of my position as registered agent. Or, if this accument 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. |
| corporation has been notified in writing of this change. |
| 2/28/12 |
| Signature of Registered Agent Detc |
| If signing on behalf of an entity: |
| |
| Typed or Printed Name |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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