

L11000020075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

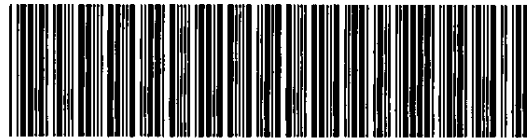
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

DOC meets 605 Requirements - Filed pursuant to Ch. 605, F.S.
[Signature]

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03/10/14--01040--006 **35.00

FILED
14 MAR 10 PM 3:21
STATE OF FLORIDA
TALLAHASSEE, FL

M. MILLIGAN
EXAMINER

MAR 20 2014

• 2/26/2014

Dear Sirs

Please accept the payment ~~even though~~
~~the~~ it is \$5 because I made
a mistake and I am willing to
pay more in order to complete the
process.

Best Regards

Amaran Ziv
AM-MBK LLC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AM-MBN
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:

Amiram Ziv
Name of Person

am-mbn LLC
Firm/Company

452 Haegoz St
Address

Nave Yamin 44920
City/State and Zip Code

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

For further information concerning this matter, please call:

Amiram Ziv at (00-972) 502520543
Name of Person 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

Enclosed is a check for the following amount:

\$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 608.416 or 608.508, 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. Name of the limited liability company: AM-MBN LLC

2. (a) Principal office address of limited liability company: 452 Haegoz St

(Note: MUST BE STREET ADDRESS) Nave Yamin 44920
Israel

(b) Mailing address of limited liability company: 452 Haegoz St,

(Note: MAY BE POST OFFICE BOX) Nave Yamin 44920 Israel

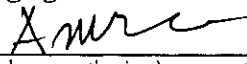
2/16/2011
3. Date of filing/registration in Florida

L11000020075
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: United states corporation agents Inc.
Registered Office Address: 13302 winding oak court A
Tampa FL 33612

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: Registered Agents Inc.
NEW Registered Office Address: 3030 N. Rocky Point Dr. STE 150A
(MUST BE FLORIDA STREET ADDRESS) Tampa, FL 33607

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

Amiram Ziv 2/26/2014
Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

 Dan Keen-President
Signature of Registered Agent

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

14 MAR 10 PM 3:11
FILED