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Division of Corporations

1/13/2015 6:56:04 AM PST

13239628300 From: Krishna Desai

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L12000102914

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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To:

Division of Corporations
Fax Number : (850) 617-6303

From:

Account Name : LEGALZOOM.COM INC.
Account Number : I20010000062
Phone : (323) 982-8800
Fax Number : (323) 962-3839

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT CHANGE
S.O.I. INVESTMENTS LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

RECEIVED

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FLORIDA DEPARTMENT OF
DIVISION OF CORPORATIONS
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1/13/2015 6:56:04 AM PST

13239628300 From: Krishna Desai

To: LegalZoom Page 2 of 5

2015-01-10 00:40:43 (GMT)

19506180496 From: Cren Arad

COVER LETTER**TO:** Registration Section
Division of Corporations**SUBJECT:** S.O.I. INVESTMENTS 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

100 W. Broadway Suite 100

Address

Glendale, CA 91210

City/State and Zip Code

aradors@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Imelda Vasquez

at (323) 962-8600 ext 7950

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

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13239628300 From: Krishna Desai

To: LegalZoom Page 3 of 5

2015-01-10 00:40:43 (GMT)

15505180496 From: Oren Arad

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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: S.O.I. INVESTMENTS LLC

2. (a) Principal office address of limited liability company: 3992 BIBBITS DR
(Note: MUST BE STREET ADDRESS) PALO ALTO, FL 34303

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

08/10/2012

3. Date of filing/registration in Florida

L12000102914

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 OAKS COURT
SUITE A
TAMPA, FL 33612

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

Shlomo Shock

NEW Registered Office Address:

9259 NW 45th St

(MUST BE FLORIDA STREET ADDRESS)

Sunrise, FL 33351

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

Oren Arad

Printed or typed name of signer

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 605, 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.

Signature of Registered Agent

Shlomo Shock

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS1R (12/13)

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