

LL5000 173391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

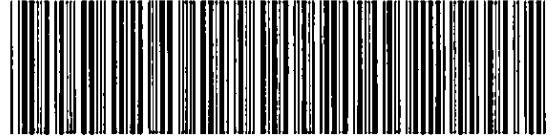
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900330842799

06/21/19--02:11--000 4825...

SECURITY PRINT
FALL APPLICABLE (2019)

2019 JUN 21 AM 9:40

FILED

Y SULKER

JUL 02 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MY INVESTMENTS 1800, 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:

DANIEL BENSIMON

Name of Person

DOROT & BENSIMON, PL

Firm/Company

20295 29TH PLACE, SUITE 201

Address

AVENTURA, FLORIDA 33180

City/State and Zip Code

CORPORATE@DORBENCO.COM

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

For further information concerning this matter, please call:

DANIEL BENSIMON at (561) 218-4947
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 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. Name of the limited liability company: MY INVESTMENTS 1800, LLC

2. (a) 15801 BISCAYNE BLVD (b) 20295 NE 29TH PLACE
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*

SUITE 203 SUITE 201
NORTH MIAMI BEACH, FL 33160 AVENTURA, FL 33180

3. OCTOBER 12, 2015 4. L15000173391
 Date of filing/registration in Florida Document number

5. (a) SERBER & ASSOCIATES, P.A.
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State.
2875 NE 191 STREET
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
SUITE 801
AVENTURA, FL 33180


(b) DORBEN CORPORATE SERVICES, LLC
 Enter name of NEW Registered Agent and/or NEW Registered Office address:
20295 NE 29TH PLACE
NEW Registered Office Address:
SUITE 201
AVENTURA, FL 33180

2019 JUN 21 AM 9:40
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 FILED

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.

 MARCO ZEITOUNE
 Signature of a member or authorized representative of a member 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 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

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