(14000 103 344

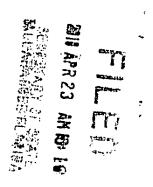
<u> </u>									
(Requ	uestor's Name)								
(Address)									
(Address)									
(City/	State/Zip/Phone	e #)							
PICK-UP	☐ WAIT	MAIL							
(Busi	ness Entity Nar	me)							
(Docu	ument Number)								
Certified Copies	Certificates	s of Status							
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Special Instructions to Fi	ling Officer:								

Office Use Only



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APR 2 4 2019 J. HARRIS

i	APRIL	PRIL 15, 2018.				
TO:	_	istration Section sion of Corporations		•		
SUB	JECT:	FLORAC2, LLC				
		Nar	ne of Limite	d Liability Company		
Dear	Sir or N	Madam:				
The	enclosed	d Registered Agent/Registered Of	fice Change a	and fee(s) are submitted for filing.		
Pleas	se return	all correspondence concerning the	nis matter to	the following:		
Mic	hel Bei	narrosh				
<u> </u>		Name of Person				
		Firm/Company		· · · · · · · · · · · · · · · · · · ·		
362	5 N. C	ountry Club Drive - #1702				
		Address				
Ave	ntura,	FL 33180				
	. <u>-</u>	City/State and Zip Code				
MIC	HELB	ENA@GMAIL.COM				
	E-mail	address: (to be used for future and	nual report n	otification)		
For f	urther is	nformation concerning this matter	, please call:			
Micl	hel Bei	narrosh	917 at (331-7665		
		Name of Person	·	Area Code & Daytime Telephone Number		
	STR	EET/COURIER ADDRESS:		MAILING ADDRESS:		
Registration Section Registratio		Registration Section				
	Divi	sion of Corporations		Division of Corporations		
	Clifton Building P.O. Box 6327					
		Executive Center Circle		Tallahassee, Florida 32314		
	Talla	ahassee, Florida 32301				
	Encl	losed is a check for the following				
	☑ \$2	25 Filing Fee		\$55 Filing Fee & Certified Copy		

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.

rioriac		^					
1. Na	me of the limited liability company: PROPERTY OF THE PRINCE	.C 	200E N.	Country Club (Drivo		
2. (a)	3625 N. Country Club Drive	_ (b)	3025 IV. I	Country Club [אוועפ		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)		lailing address of lim (Note: MAY BE PC		-	
	Suite 1702		Suite # 1	702			
	Aventura, FL 33180	_	Aventura	, FL 33180			
	05/26/2016		L1600010)3344			
3.	Date of filing/registration in Florida	4.		Document number	er		
5 (-)	UNITED STATES CORPORATION AGENTS	, INC.					
5. (a)	Registered Agent and Registered Office shown on the records of the 13302 WINDING OAK COURT	he Florida	Dept. of State:	:			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)					
	TAMPA , FL	33612					
(b)	Michel Benarrosh					H APR	
, ,	Enter name of NEW Registered Agent and/or NEW Registered 6	Office add	ress:			23	P acres
	3625 North Country Club Drive				用型	A	
	NEW Registered Office Address:				in Sign	₩.	123 20410)
	Suite 1702				2		
	Aventura	33180					
If the 1	imited liability company is not organized under the law	vs of the	State of Flo	rida, it is hereby	confirm	ned th	at after
the cha agent v was/we	nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regis bility co f the lim	tered office mpany, it is ited liability iability com	and the business hereby confirme company or as opposed.	office of that the otherwise	of the he ch se pro	registered ange(s)
	(1) (1)		Mic	HEL BENA!	RRO!	SH_	
Signa	ture of a member be authorized representative of a member			Printed or typed nan			
provisi the obl to mer	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete igations of my-position as registered agent as provided by reflect a change in the registered office address, I h in writing of this change.	ee to act performa I for in C iereby co	in this capa ance of my a Thapter 605, onfirm that t	icity. I further ag luties, and I am fi , F.S. Or, if this i he limited liabili	ree to c amiliar docume ty comp	comp with nt is any h	ly with the and accept being filed as been
Signatu	re of Registefed Agent						

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FII INC FFF. \$25.00