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| (Re | questor's Name) | | | | |
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| PICK-UP | ☐ WAIT | MAIL | | | |
| | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | of Status | | | |
| Special Instructions to | Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE

COVER LETTER

| Division of Corporations | · |
|--|--|
| SUBJECT:Ivory Investments LLC | |
| Name | of Limited Liability Company |
| Dear Sir or Madam: | • • • |
| The englaced Day to the englaced | |
| The enclosed Registered Agent/Registered Offic | |
| Please return all correspondence concerning this | matter to the following: |
| • | |
| Shay Yakobovich | • |
| Name of Person | |
| | |
| Ivory Investments LLC | · |
| Firm/Company | |
| 18800 NE 29th Ave, apt 629 | |
| Address | |
| Miami, FL 33180 | |
| City/State and Zip Code | |
| shay@luxe-holdings.com | • |
| E-mail address: (to be used for future annua | I consider the second s |
| • | • |
| For further information concerning this matter, pl | ease call: |
| Shay Yakobovich | 054 404 5501 |
| Name of Person | at (954) 496-5581 Area Code & Daytime Telephone Number |
| Malling Add | And Code to Daytime Telephone Number |
| Mailing Address: Registration Section | Street Address: |
| Division of Corporations | Registration Section |
| P.O. Box 6327 | Division of Corporations |
| Tallahassee, FL 32314 | The Centre of Tallahassee |
| - a | 2415 N. Monroe Street, Suite 810 |
| | Tallahassee, FL 32303 |
| Enclosed is a check for the following an | nount: |
| ☐ \$25 Filing Fee | ☐ \$55 Filing Fee & Certified Copy |
| INHS18 (2/14) | |

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. N | ame of the limited liability company:Ivory | Inves | stments | LLC | | |
|---------------------------------|---|---|--|--|---|---|
| 2. (a) | | | (b) | | | |
| | Principal office address of limited liability comparison (Note: MUST BE STREET ADDRESS) | рапу: | _ (0) | | | limited liability company: |
| | 18800 NE 29th Ave, apt 629 | | | 18800 | <u>Note: MAY BE)</u> NE 29th Av | <i>Post office Box</i>) ve. ant 629 |
| | Miami, FL 33180 | | - , | | | <u> </u> |
| ٠. | | | . | IVIIaII | ni, FL 33180 | |
| | May 18th, 2020 | | | L170 | 000036738 | • |
| 3, | Date of filing/registration in Florida | | 4. | | Document num | ber |
| 5. (a) | | | | | | - |
| | Registered Agent and Registered Office shown on the re Shay Yakobovich | cords of t | he Florida D | ept. of Sta | te: | |
| | Registered Office Address (MUST BE FLORIDA S | TREETA | DDRESS) | <u> </u> | | |
| | 18800 NE 29th Ave, apt 629 | | _ | | | |
| | Miami | . FL | 33180 | - | ~ | 2020 SE0 FALL |
| | | , , | | | _ | 2020 JUN 15 SECRUTAR) ALLAHASSE |
| (b) | Enter name of NEW Registered Agent and/or NEW Re | | - | | _ | SS. |
| | THE WASSINGTED AREAL SHOOT NEW RE | ensiered (| Office addr | <u>ess</u> : | | me |
| | LSAS Attorneys | | | | | AM 7 |
| | NEW Registered Office Address: | | | | _ | 7: 1 TATE ORIO |
| | 2699 Stirling Rd, suite C-401 | | | | | <i>™</i> • C ⊓ |
| | Front I and and also | | | , | - | |
| | Fort Lauderdale | , FL_ | 33312 | | _ | |
| agent w was/wei the artic | mited liability company is not organized under or changes are made, the Florida street address ill be identical. Or, in the case of a Florida lim re authorized by an affirmative vote of the men eles of organization or the operating agreement | ited liab nbers of of the li | ility comp the limite mited liab | office and any, it is | of the business off s hereby confirme y company or as on pany. | fice of the registered |
| | are of a member or authorized representative of a member | | | | Printed or typed nar | me of signee |
| he oblig o merel notified | y accept the appointment as registered agent as of all statutes relative to the proper and congations of my position as registered agent as property reflect a change in the registered office addring in writing of this change. The floating of Registered Agent | nd agree npleie pe rovided j ess, I he | e to act in erformanc for in Cha reby confi | this capa e of my a pter 605, rm that t | ncity. I further ag luties, and I am fa , F.S. Or, if this a he limited liabilit | ree to comply with the amiliar with and accept document is being filed ty company has been |
| | - - | | | | | |