

L18000203528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

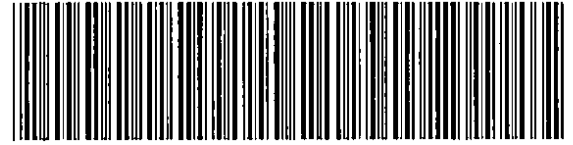
(Business Entity Name)

(Document Number)

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IN DEPARTMENT OF REVENUE  
2023 MAY 17 PM 2:31

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Hersh Capital 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:

Dale Hersowitz

\_\_\_\_\_  
Name of Person

Hersh Capital LLC

\_\_\_\_\_  
Firm/Company

2665 South Bayshore Drive Ste 220-95

\_\_\_\_\_  
Address

Miami Florida 33133

\_\_\_\_\_  
City/State and Zip Code

accounting@razilience.com

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

For further information concerning this matter, please call:

Dale Hersowitz

949

6978813

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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: Hersh Capital LLC

2. (a) 2665 South Bayshore Drive Ste 220-95 (b) \_\_\_\_\_

Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
Miami  
Florida 33133

Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
Miami  
Florida 33133

3. 08/24/2018 Date of filing/registration in Florida 4. L18000203528 Document number

5. (a) Dale Hersowitz  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
2665 South Bayshore Drive Ste 220-95

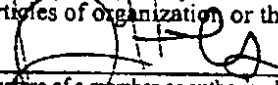
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
Miami  
Florida, FL 33133

(b) BOLANOS TRUXTON P.A.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

BOLANOS TRUXTON P.A.  
NEW Registered Office Address:  
12800 UNIVERSITY DRIVE STE 350  
FORT MYERS, FL 33907

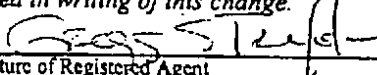
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered 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

Dale Hersowitz  
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