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| (Requestor's Name) | | | | |
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| (Ad | ldress) | | | |
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| (Address) | | | | |
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| (Cit | ty/State/Zip/Phone | e #) | | |
| ☐ PICK-UP | WAIT | MAIL. | | |
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| (Bu | isiness Entity Nar | ne) | | |
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| (Do | ocument Number) | | | |
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| Certified Copies | _ Certificates | s of Status | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| | istration Section ision of Corporations | | | | |
|-------------------|---|---------------------|--|--|--|
| SUBJECT: | 19251 S. CREEKSHORE COUL | RT LLC | | | |
| | Name of Limited Liability Company | | | | |
| Dear Sir or | Madam: | | | | |
| The enclose | d Registered Agent/Registered | Office Change ar | nd fee(s) are submitted for filing. | | |
| Please retur | n all correspondence concernin | g this matter to th | ne following: | | |
| Avri Ben-Ha | mo | | | | |
| | Name of Person | | | | |
| Ben-Hamo I. | aw, PLLC | | | | |
| | Firm/Company | | | | |
| 2701 NW 2n | d Ave. Suite 207 | | | | |
| | Address | | | | |
| Boca Raton. | F1. 33431 | | | | |
| | City/State and Zip Co | de | | | |
| mydalisalope | ez@hotmail.com | | | | |
| E-mai | address: (to be used for future | annual report no | tification) | | |
| For further i | information concerning this ma | tter, please call: | | | |
| Myda Lopez | | 646 at (| 704-1834 | | |
| | Name of Person | | Area Code & Daytime Telephone Number | | |
| Reg Div P.C | iling Address: gistration Section rision of Corporations D. Box 6327 lahassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | |
| Enc | closed is a check for the follow | ving amount: | | | |
| = \$ | 525 Filing Fee | ٥ | \$55 Filing Fee & Certified Copy | | |
| INHS18 (2/1 | 4) | | | | |

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.

| i. Na | me of the limited liability company: 19251 S. CREEKS | SHORE | COU | URT LLC |
|--|---|--|----------------------------------|--|
| | 9817 Montpellier Dr., Delray Beach, FL 33446 | (| h) | |
| - () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 05/12/2021 | | 1.210 | 1000228869 |
| 3. | Date of filing/registration in Florida | 4. | | Document number |
| 5. (a) | Ben-Hamo Law, PLLC | | | |
| | Registered Agent and Registered Office shown on the records of | the Fioric | la Dep | ept, of State: |
| | Registered Office Address (MUST BE FLORIDA STREET) | (DDRES | <u>(S)</u> | |
| | 2701 NW 2nd Ave., Suite 118 | | | \$E(|
| | Boca Raton FL | 33431 | | 2021 DEC 21 SECTIONS TANALASIA |
| (b) | Ben-Hamo Law, PLLC | | | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | Office a | <u>ddress</u> | SSEE FL |
| | NEW Registered Office Address: | _ | | |
| | 2701 NW 2nd Ave., Suite 207 | | | |
| | Boca Raton, FL | 33431 | | |
| change agent v was/we | mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | register ability c of the lit limited | ed of ompa nited liabil | office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in offity company. |
| Signal | ure of a member or authorized representative of a member | Niy | da Lu | Printed or typed name of signee |
| I held provisi the obli to mere | by accept the appointment as registered agent and agrous 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. It is writing of this change. | t for in | Chap | this capacity. I further agree to comply with the se of my duties, and I am familiar with and accept upter 605, F.S. Or, if this document is being filed |
| Signatu | e (Hegistefed Agent | | | |