## L22 000 232/72

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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CALLAHASSEE, FU

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: 710 SHORE LLC				
	Name	of Limited I	Liability Company	
Dear Sir or Madam:				
The enclosed Registered Agent/Re	gistered Offic	e Change and	I fee(s) are submitted for filing.	
Please return all correspondence co	oncerning this	matter to the	following:	
BEN TAMIR				
Name of F	Person			
GOLDRING LOWENTHAL TAMIR	R & CO		SECR	
Firm/Com			THE STATE OF THE PARTY OF THE P	
16850 Collins Ave #112-306				
Address	1			
Sunny Isles Beach FL 33160				
City/State and	l Zip Code		<del></del>	
SARA@USACPA.NET			<del></del>	
E-mail address: (to be used for		•	fication)	
For further information concerning	g this matter, p	lease call:		
BEN TAMIR		_ at ( 305	) 2240440	
Name of Person			Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	S		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	he following 2	mount:		
■ \$25 Filing Fee		5 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.

2. (a)		(	(b)	
(,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	·		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	710 S SHORE DRIVE		710 S SHC	DRE DRIVE
	MIAMI BEACH. FL 33141		MIAMI B	EACH, FL 33141
	05/18/2022	_	L22000232	172
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	gal vosef, yaakov			
, ,	Registered Agent and Registered Office shown on the records of	the Florid	da Dept. of State	- 2:
				_
	Registered Office Address (MUST BE FLORIDA STREET.	<u>ADDRES</u>	<u>55)</u>	
	710 S SHORE DRIVE			_
	MIAMI BEACH , FL	33141		
				- SE 202
(b)	Ben Tamir			2024 HAY SECRET
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	<u>ddress</u> :	MAY 28 PH RETARY OF ULL ALCOSOF
				1770 ( <b>60</b> ) 1774 (1770
	NEW Registered Office Address:		-, <u>-</u>	
	16850 Collins Ave #112-306			[변호 중 5년 그곳 0
			<del></del> -	· 기류 - 전
	Sunny Isles Beach , FL	33160		
te sha li	forcional tradition	6 -1.	. C	
change	imited liability company is not organized under the law or changes are made, the Florida street address of the	register	red office and	the business office of the registered
agent v was/we	will be identical. Or, in the case of a Florida limited lia are authorized by ap affirmative vote of the members of	ibility co	ompany, it is nited liability	hereby confirmed that the change(s)
	cles of organization or the operating agreement of the			
. <del></del> .		Ga	l Yosef	
Signat	ture of a member or authorized representative of a member			Printed or typed name of signee
l herel provision	by accept the appointment as registered agent and agr 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	ee to ac perform I for in	t in this capa ance of my a Chapter 605	icity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or if this document is being filed.
to mere	igations of my position as registered agent as provided Ly reflect a change in the registered office address, I h I in writing of this change.	erehy c	confirm that t	he limited liability company has been
	9 11 11 11 11			

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

Signature of Registered Agent