M1900000 \$5563

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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03/13/23--01014--02/ **25.00

2020 1.03 1.33 P.1. 44 T.4

COVER LETTER

то:	Registration Section Division of Corporations			
SUBJ				
	1	Name of Limited Lis	ability Company	
Dear S	Sir or Madam:			
The er	iclosed Registered Agent/Registered	Office Change and	fee(s) are submitted for	filing.
Please	return all correspondence concerning	g this matter to the f	following:	
Talley	Alliston			
	Name of Person		_	
Talley	Alliston Realty LLC			
	Firm/Company			·
100 Ju	niper Trail			
	Address		_	(·)
Ocala,	Florida 34480			
	City/State and Zip Coo	ie	_	1
Talley.	AllistonRealty@gmail.com			<u> </u>
Ī	E-mail address: (to be used for future	annual report notific	cation)	
For fu	rther information concerning this mat	tter, please call:		
Gayle	Talley Alliston	352 at (875-6225	
=	Name of Person		Area Code & Daytim	ne Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporation The Centre of Tall 2415 N. Monroe S Tallahassee, FL 32	rations ahassee treet, Suite 810
	Enclosed is a check for the follow	ving amount:		
	■ \$25 Filing Fee	□ \$5	5 Filing Fee & Certific	ed 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. No	ame of the limited liability company: Gongor DE2 LI		
2. (a)	Matan Gorodish	a	Adiel Gonen
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2425 S. Stearman Dr. #120		2425 S. Stearman Dr. #120
	Chandler, AZ 85286		Chandler, AZ 85286
	2/20/2023		M1700000 5563
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Ken Jones		
(,	Registered Agent and Registered Office shown on the records of Ken Jones LLC	a Dept. of State:	
	Registered Office Address 5100 W Hwy 318	<u></u>	
	Ocala , E	34482 FL_	
(b)	Talley Alliston		025 cm
(0)	Enter name of NEW Registered Agent and/or NEW Register	Idress:	
	Talley Alliston Realty LLC		
	NEW Registered Office Address:	-	
	100 Juniper Trail		гі **
	Ocala , F	L 34480	
change agent v was/wo	imited liability company is not organized under the less or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members celes of organization or the operating agreement of the	ne registere liability co of the lim	ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company.
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to men notified alle	by accept the appointment as registered agent and agon on some of all statutes relative to the proper and complet igations of my position as registered agent as providely reflect a change in the registered office address, all in writing of this change. The of Registered Agent	gree to act e performa led for in C I hereby co	in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been