

PI4000 098 837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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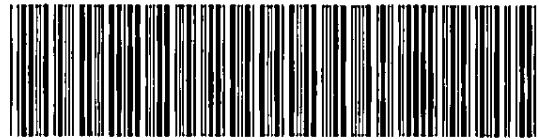
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Address change for registered agent

Name of Corporation

DOCUMENT NUMBER: P 14000098837

The enclosed Statement of Change of Registered Office, Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Irwin Feldman

Name of Contact Person

100 NE 89 CORP.

Firm/Company

1001 SW 141 AVE SUFFOLK K APT 112

Address

PEMBROKE PINES, FL 33027

City/State and Zip Code

PESCOTT967@GMAIL.COM

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

For further information concerning this matter, please call:

STEVEN ROTH *CR*

Name of Contact Person

954 239-4545

Area Code & Daytime Telephone Number

*P. R. T. PESCOTT*

Enclosed is a \$48.00 check made payable to the Department of State.

Mailing Address:  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: 100 NE 89 CORP.

2 The principal office address: 1931 NW 150 AVE SUITE 122 PEMBROKE PINES, FL 33028

3. The mailing address (if different):

4. Date of incorporation/qualification: 12/10/2014 Document number: P14000098837

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

STEVEN M. ROTH
1820 NE 150 STREET
NORTH MIAMI BEACH, FL33181

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

IRWIN FELDMN
1001 SW 141 AVE SUFFOLK K APT 112
P.O. Box NOT acceptable
PEMBROKE PINES, FL 33181

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

STEVEN M. ROTH
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change

[Signature]
Signature of Registered Agent

7/5/19
Date

If signing on behalf of an entity
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*