

L13000144216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

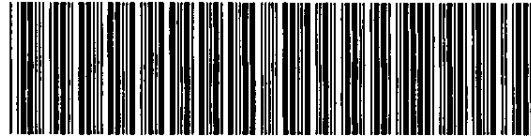
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700265530277

RR  
Charge

10/20/14--01013--018 \*\*25.00

FILED  
2014 OCT 20 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Doc  
10/31/14

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** URI SHIRI INVESTMENTS 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:

Daniel Gitlin

Name of Person

Firm/Company

910 NE 20th Ave

Address

Fort Lauderdale FL 33304

City/State and Zip Code

adninvest1@gmail.com

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

For further information concerning this matter, please call:

Daniel Gitlin at ( 954 ) 465-3753  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

**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: Uri Shiri Investments LLC
2. (a) HA HAM HA ZARFATI 25 (b) 910 NW 20th AVE  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)  
RAMAT GAN , ISRAEL Fort Lauderdale FL 33304  
52593

3. 04/22/2014 Date of filing/registration in Florida 4. L13000144216 Document number

5. (a) INCORP SERVICES, INC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470

- (b) DANIEL GITLIN  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
910 NE 20th AVE  
FORT LAUDERDALE, FL 33304

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 Nir Benromano  
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

FILED  
2014 OCT 20 PM 12:20  
OFFICE OF THE CLERK  
TALLAHASSEE, FLORIDA