2151 NE 168 S	STREET			
	IBEACH, FL 33162			
Current Ma	iling Address:			
PO BOX 19 BOCA RAT	41 ON, FL 33429 US			
FEI Numbe	r: 82-3531625		Certificate of Status Desired: No	
Name and	Address of Current Registered Agent	:		
ABRAHAM, IG 6484 VIA BEN BOCA RATON				
6484 VIA BEN BOCA RATON	ITA	ing its registered office or regis	tered agent, or both, in the State of	Florida.
6484 VIA BEN BOCA RATON The above name	ITA , FL 33433 US	ing its registered office or regis	tered agent, or both, in the State of	Florida. 01/26/2023
6484 VIA BEN BOCA RATON The above name	ITA , FL 33433 US ed entity submits this statement for the purpose of chang	ing its registered office or regis	tered agent, or both, in the State of	
6484 VIA BEN BOCA RATON The above name SIGNATUR	ITA , FL 33433 US ed entity submits this statement for the purpose of chang E: IGAL G. ABRAHAM	ing its registered office or regis	tered agent, or both, in the State of	01/26/2023
6484 VIA BEN BOCA RATON The above name SIGNATUR	ITA FL 33433 US ed entity submits this statement for the purpose of chang E: IGAL G. ABRAHAM Electronic Signature of Registered Agent	iing its registered office or regis	tered agent, or both, in the State of	01/26/2023
6484 VIA BEN BOCA RATON The above name SIGNATUR Authorized	ITA FL 33433 US ed entity submits this statement for the purpose of chang E: IGAL G. ABRAHAM Electronic Signature of Registered Agent Person(s) Detail :			01/26/2023
6484 VIA BEN BOCA RATON The above name SIGNATUR Authorized Title	ITA FL 33433 US ed entity submits this statement for the purpose of chang E: IGAL G. ABRAHAM Electronic Signature of Registered Agent Person(s) Detail : MGR	Title	MBR	01/26/2023

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ILYA KLEYN	MANEGER	

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L17000243240

Entity Name: 2151 NE 168 STREET, LLC

Current Principal Place of Business:

FILED Jan 26, 2023 Secretary of State 6316289018CC

01/26/2023

Date