

B17000000254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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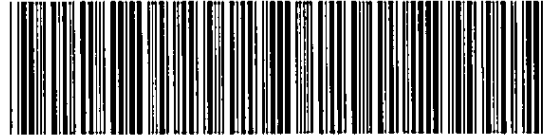
(Business Entity Name)

(Document Number)

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D PRUCE
OCT 27 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mishorim Gold Jacksonville LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B17000000254

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Sondra H. Anderson
Contact Person

Mishorim Gold Jacksonville, LP
Firm/Company

9328 Arlington Expwy Suite #319
Address

Jacksonville, FL 32225
City, State and Zip Code

Sondra@mgddgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sondra H. Anderson at (904) 442-1260
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Mishorim Gold Jacksonville, LP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 10-23-17 3. B17000000254
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Maoz Goldshtein
Name

4121 Clarice Estates Dr
Address

Windermere, FL 34780
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Maoz Goldshtein
Name

9378 Arlington Expwy Suite #319
Florida street address (P.O. Box not acceptable)

Jacksonville FL 32225
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]
Signature of General Partner

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.

[Signature]
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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2010 OCT 16 PM 9:04
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA