B21000000497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2023 JUL -6 PM 12:40

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMERICAN LICENSING GROUP LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B21000006497

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:

Raphael Benaroya
Contact Person

AMERICAN LICENSING GROUP LIMITED PARTNERSHIP
Firm/Company

2000 Island Blvd., Apt 2709
Address

Aventura, FL 33160
City, State and Zip Code

aviva.rbc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aviva Itzkowitz at (202) 951 5051
Name of Contact Person Area Code and Daytime Telephone Number

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

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SS.8.04 (01/06)

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. AMERICAN LICENSING GROUP LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 11/09/2021
Date of filing/registration in Florida

3. B21000000497
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:

UNITED CORPORATE SERVICES, INC.
Name

3458 LAKESHORE DR
Address

TALLAHASSEE, FL 32312
City, State and Zip

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

Raphael Benaroya
Name

2000 Island Blvd., Apt 2709
Florida street address (P.O. Box not acceptable)

Aventura, FL 33160
City, State and Zip

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

Raphael Benaroya
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.

Raphael Benaroya
Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA