

B210000000497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

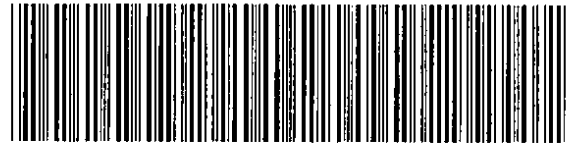
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AMERICAN LICENSING GROUP LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partner Lp

**DOCUMENT NUMBER:** B21000006497

The enclosed Statement of Change of Registered Office and/or Registered Agent and fees 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.benaroya@gmail.com

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

For further information concerning this matter, please call:

Aviva Itzkowitz

202 (954) 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

**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 is 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 changes shall be 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

**FILED**  
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**CLERK OF CORPORATION**  
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