

F14 00000 2827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SEP 16 2019
TALLAHASSEE, FL

2019 SEP 16 PM 5:08

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SEP 25 2019
C. H. HSE,

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ISRAELI-AMERICAN COUNCIL CORPORATION

Name of Corporation

DOCUMENT NUMBER: F14000002827

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

Please return all correspondence concerning this matter to the following:

PATRICIA PARKER

Name of Contact Person

LABYRINTH, INC.

Firm/Company

1959 PALOMAR OAKS WAY, SUITE 300

Address

CARLSBAD, CA 92011

City/State and Zip Code

PATRICIA@LABYRINTHINC.COM

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

For further information concerning this matter, please call:

Patricia Parker

Name of Contact Person

at (760) 931-2620 x231

Area Code & Daytime Telephone Number

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

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of California
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Israeli-American Council Corporation
2. The principal office address: 5900 Canoga Avenue, Suite 390
Woodland Hills, CA 91367
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/24/2014 Document number: F14000002827

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)

Rani B. David

2035 Harding Street, #200

Hollywood, FL 33020

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

InCorp Services, Inc.

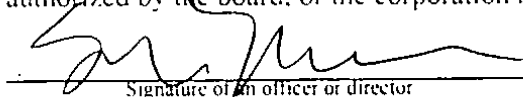
17888 67th Court North

P.O. Box NOT acceptable

Loxahatchee, FL 33470

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

Shoham Nicolet, President/CEO

Printed or typed name and title

*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 obligation of my position as registered
agent. Or, if this document is being filed merely to reflect a change in the registered office address, I
hereby confirm that the corporation has been notified in writing of this change.*



Signature of Registered Agent

9/11/2019

Date

If signing on behalf of an entity:

Leah Manuel for InCorp Services, Inc.

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)