407 000068888

(Requestor's Name)							
(Adding)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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Office Use Only



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CLAS Information Services 2020 Hurley Way, Suite #350 Sacramento CA 95825 Tel: (800) 447-6237

Job Number: 429781-6671 Date: 2/10/2022

Name: CHELI, LLC

Request For: Florida

TYPE OF FILING: Change of Agent

Special Instructions:

Please file the attached upon receipt. We have enclosed check #97728 in the amount of \$25.00. Please call with any questions. Thank you in advance for your assistance.

Sincerely,

Judy Culver

Florida Department of State Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

l. N	ame of the limited liability company: CHELI, LLC					
2. (a)			b)			<u>''</u>
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	4550 NORTH BAY ROAD		4550 NO	RTH BAY ROAD		_ _
	MIAMI BEACH, FL 33140		МІАМІ В	BEACH, FL 33140		
	07/02/2007		L0700006	8888		
3.	Date of filing/registration in Florida	— 4.		Document number		
5. (a)	HERMAN, JUDITH					
J, (<u>-</u>)	Registered Agent and Registered Office shown on the records of	f the Florid	a Dept. of State	:		
				:	7	,
(b)	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				ــ 	. = }
	4550 N BAY ROAD.					
	MIAMI BEACH , FI	33140	 -		<u>-</u> -	j
	NRAI SERVICES, INC.				: 0 : 1)
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			• ;	;; = 3	
	NEW Registered Office Address:					
	1200 SOUTH PINE ISLAND ROAD					
	PLANTATION, F	_L 33324	. <u>. </u>			
the cha agent was/w the art	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I are authorized by an affirmative vote of the members icles of organization of the operating agreement of the	of the reg liability of of the lir c limited	istered office ompany, it is nited liability liability com	and the business office hereby confirmed that company or as others	e of the t	registered
Signature of a member or authorized representative of a member			Printed or typed name of signee			
the ob. to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I do myriting of this change.	ree to ac e perforn ed for in hereby c	t in this capa nance of my a Chapter 605, confirm that t	icity. I further agree to luties, and I am familio . F.S. Or, if this docum he limited liability con	o comply ar with a nent is bo npany ho	with the nd accept eing filed is been

gnature of Registered Agent CHRISTOPHER CHEUNG, ASSISTANT SECRETARY