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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 1075 NE 79 ⁺¹ 5 Name of Limited	Sheel LLC Liability Company	
Dear Sir or Madam:	•	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
MR. WICCIOS Brochone Name of Person		
1075 NE 79th Street, LLC Firm/Company	ZERAHASSE ZERAHASSE ZERAHASSE	1
270 NE 61 5+ Street Address		
MiGMi, F1 33137 City/State and Zip Code		
Phocherical gmail Com E-mail address: (to be used for future annual report notification	n)	
For further information concerning this matter, please	se call:	
MR. Wiladas Bracherie at (3)	Area Code & Daytime Telephone Number	_
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount	unt:	
☐ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

1. Name of the limited liability company:	23 Nt 19th Street, CC
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	, ,
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	270 Nr. 615+ Streets MIDMI, Pl 33/37-00 11
02.65.2008	LO80001210312 00 TT
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	
Registered Agent:	Allen Kolhin CPA, PA
Registered Office Address:	1717 N Bayshore Drive
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW Registered Agent</u> :	EW Registered Office address: M. Wilolus Bachene
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	270 Nt 10151 Street
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide	e laws of the State of Florida, it is hereby Florida street address of the registered office

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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Printed or typed name of signee