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D. SCOTT

DEC 13 2018

COVER LETTER

TO: Registration Section Division of Corporations				
Hollywood Heritage LLC				
	me of Limited	Liability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Of	ffice Change a	nd fee(s) are submitted for filing	g.	
Please return all correspondence concerning t	his matter to th	ne following:		
Hagai Shechter				
Name of Person				
Firm/Company				
• •				-77
221 W. Hallandale Beach Blvd., Suite	107		DEC -7 F	TIL
Address				F-17
Hallandale, FL 33009			<u>-</u> '1 U	Ö
City/State and Zip Code	.,		بي - بيان	
hagai555@gmail.com			11:	
E-mail address: (to be used for future ar	nual report no	otification)		
For further information concerning this matte	r, please call:			
Hagai Shechter	305	725-7518		
Name of Person		Area Code & Daytime Tel	ephone 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	ng amount:			
☑ \$25 Filing Fee		\$55 Filing Fee & Certified Cop	ру	

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.

1. Na	ime of the limited liability company: Hollywood He.	ritage	e Ll		
2. (a)	221 W. Hallandale Beach Blvd.		(b)	221 W	Hallandale Beach Blvd., Suite
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 107			Suite 1	07
	Hallandale, FL 33009	_		Halland	dale, FL 33009
	07/09/2010		L	.100000	072523
3.	Date of filing/registration in Florida	4.	_		Document number
5. (a)	Shimon Bouskila				
J. (u)	Registered Agent and Registered Office shown on the records of t	he Flor	ida I	Dept. of Su	nte:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE	<u> </u>	<u>.</u>	
	Miami	3316	6		M RC -1 F
(b)	Hagai Shechter				
()	Enter name of NEW Registered Agent and/or NEW Registered	Office :	addi	ress:	; ° °
	221 W. Hallandale Beach Blvd.				_ <u> </u>
	NEW Registered Office Address:				- <i>"</i>
	Suite 107				
	HallandaleFL	3300	9		
the cha agent v was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	the re bility f the l limite	gist cor limi d li	ered offi npany, it ted liabil ability co	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany.
Signa	iture of a member or authorized representative of a member	_	ay	ai Shec	Printed or typed name of signee
I here provisi the obi to mer notifie	by accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. If d in writing of this change.	ec to a perfor t for it iereby	act i rma n C. : coi	in this ca nce of m hapter 60 nfirm tha	pacity. I further agree to comply with the values, and I am familiar with and accept 95, F.S. Or, if this document is being filed a the limited liability company has been
•	/ (30x 63	327	Tallah	assee, FL 32314

FILING FEE: \$25.00