## 112000029100

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Dc	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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06/30/21--01004--001 \*\*25.00



## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: EF Path Holding S LLC Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert Cherry Name of Person
Firm/Company
1000 South Pointe Dr Apt 1401 Address
Man, Beach, FL 33139 City/State and Zip Code
E-mail address (to be used for Alture annual report notification)
For further information concerning this matter, please call:
Robert Cherry at (786) 210-7273  Name of Person Area Code & Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Enclosed is a check for the following amount:
\$25 Filing Fee \$\text{Certified Copy}
INIIS18 (2/14)

## 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.

I. Nai	me of the limited liability company: EF Path Holdings LLC
2. (a) _	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)  (Note: MAY BE POST OFFICE BOX)
	Miami Beach FL 33139 Miami Beach FL 33139
	2/29/2012 L1200029100
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Robert Cherry
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	1500 Ocean Drive Apt UPH5 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Mami Beach FL 33139
(b) _	Robert Cherry
	Enter name of NEW Registered Agent and/of NEW Registered Office address:  1000 South Pointe Drive Apt 140)  NEW Registered Office Address:
	Mami Beach FL 33139
change agent was/wer the artic	nited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered ill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in less of organization or the operating agreement of the limited liability company.  Printed or typed name of signee
I hereb provision the obling to mere notified	v accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rus of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been in viriling of this change.
Signature	of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00