Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000196969 3)))



H190001969693ABCH

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To:

Division of Corporations

Fax Number

: (850)617-6383

from:

Account Name : TRIAD PROFESSIONAL SERVICES

Account Number : 120160000008 Phone : (850)777-2091 Fax Number : (770)220-1943

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT CHANGE EAST SHORE VENTURES, LLC

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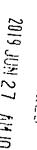
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JUN 28 2019

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June 26, 2019

FLORIDA DEPARTMENT OF STATE Division of Corporations

EAST SHORE VENTURES, LLC C/O ZIVI NEDIVI P.O. BOX 1767 NEW YORK, NY 10150

SUBJECT: EAST SHORE VENTURES, LLC

REF: L12000039673

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheat

Section 605.0203(1), Florida Statutes, requires the document(s) to be gigned by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within to days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass Regulatory Specialist II Amount charged: 25.00 FAX Aud. #: H19000196969 Letter Number: 819A00012964 APPROYEI

COVER LETTER

	stration Section sion of Corporations			
SUBJECT:	Fast Shore Ventures, LLC			
	Name o	of Limited Liability Company		
Dear Sir or M	Madam;			
The enclosed	d Registered Agent/Registered Office	Change and fcc(s) are submitted for filing.		
Picase return	all correspondence concerning this n	natter to the following:		
	Zivi Nedivi			
	Name of Person			
	East Shore Ventures, LLC			
	Firm/Company	·		
	P.O. Box 1767		2019	
	Address		2019 JUN 27 AM 10: 43	~.
	New York, NY 10150		27	声音
	City/State and Zip Code	- 	AM IO	<u>.</u>
	znedivi@outloo.com		 	
E-mail	address: (to be used for future annual	report notification)	ယ	
For further in	nformation concerning this matter, plo			
	Name of Person	at (Area Code & Daytime Telephone	e Number	
Regi	EET/COURIER ADDRESS: stration Section	MAILING ADDRESS: Registration Section		
	sion of Corporations	Division of Corporations		
2661	on Building Executive Center Circle shassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314		
Encl	osed is a check for the following an	nount:		
53 \$0	25 Filing Fee	\$55 Filing Fcc & Certified Copy		
INHS18 (2/14)			

(((H19000196969 3)))

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. Name of the limited liability compar	ny:East	Shore Ventures,	, LLC
2. (a) c/o Zivi Nediv	vi	(b)	c/o Zivi Nedivi
Principal office address of limite (Note: MUST BE STRE)		(*)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
18-A Offir Stree	et		P.O. Box 1767
Tel-Aviv 69014 I	srael		New York, NY 10150
03/21/2012			L12000039673
3. Date of filing/registration	on in Florida	4.	Document number
5. (a)			
Registered Agent and Registered Office	shown on the records of	the Florida Dept. of	State:
NRAI SERV	ICES, INC		201
Registered Office Address (MUST B	BE FLORIDA STREET	ADDRESS)	
1200 South Pine Island I	Road		APPR FIL 2019 JUN 27
Plantation	, FL	33324	in the co
(b) Enter name of NEW Registered Agent	and/or NEW Registered	Office address:	
			ω
Zivi No	edivi		<u></u>
NEW Registered Office Address:			
101 South Fort Lauderdale	e Beach Blvd. Apt 20	006	
Fort Lauderdale	, FL	33316	
ne change or changes are made, the Flor igent will be identical. Or, in the case of	nda street address of f a Florida limited lia ote of the members o	the registered of ability company, of the limited liab	f Florida, it is hereby confirmed that after ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
Si			Zivi Nedivi
Signature of a member or authorized represental hereby accept the appointment as registorovisions of all statutes relative to the phe obligations of my position as register of merely reflect a change in the register position in writing of this change.	stered goont and gon	ee to act in this performance of i d for in Chapter hereby confirm ti	Printed or typed name of signee capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been
y: Zivi Nedivi	1		
Signature of Registered Agent	-		

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