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(Requestor's Name)					
(Address)					
(Address)					
(Cit	ry/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
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FILED SELECTION

D. SCOTT DEC 1 3 2018

COVER LETTER

TO: Registration Section Division of Corporations				
500 Surf RD LLC				
	f Limited L	iability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office C	Change and	I fee(s) are submitted for filin	g.	
Please return all correspondence concerning this m	atter to the	following:		
Zvi Shechter				
Name of Person				
500 Surf RD LLC				
Firm/Company	_		17、2	٠
1835 East Hallandale Beach Blvd., Suite 7	49		题的 DEC - 7	でしてい
Address				
Hallandale Beach, Fl 33009			U	(
City/State and Zip Code	-		8. 1.1 1. 1.8	
zvi2300@gmail.com			7	
E-mail address: (to be used for future annual	report notif	līcation)		
For further information concerning this matter, plea	ase call:			
Zvi Shechter	305 (_	525-4235		
Name of Person	`-	Area Code & Daytime Tele	ephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.O	egistration Section vision of Corporations D. Box 6327 dlahassee, Florida 32314		
Enclosed is a check for the following am	ount:			
☑ \$25 Filing Fee	□ \$:	55 Filing Fee & Certified Cop)y	

INHS18 (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.

1. Na	ame of the limited liability company: 500 Surf RD	LLC	
2. (a)	1835 E. Hallandale Beach Blvd., Suite 749	(b) 1835 E.	Hallandale Beach Blvd., Suite 749
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE, POST OFFICE BOX)
	Hallandale Beach, FL 33009	<u>Halianda</u>	ale Beach, FL 33009
	08/16/2012	L1200010	05932
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Usher Bryn		
. ,	Registered Agent and Registered Office shown on the records of 18851 NE 29th Avenue, Suite 1010	the Florida Dept. of State	ninin
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	TILED 8 II
	Aventura .FI	33180	ET-1
(b)	Zvi Shechter		
	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	
	1835 E. Hallandale Beach Blvd., Suite 749		עד
	NEW Registered Office Address:		-
	Hallandale Beach Fi	33009	
the cha agent v was/we	imited 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 li- ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the ZV1	f the registered office iability company, it is of the limited liabilit	and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I I in writing of this change,	rec to act in this cape performance of my o ed for in Chapter 603 hereby confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been
Signatu	re of Registered Agent		