L12010113294

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER $\stackrel{!}{\longrightarrow}$

TO: Registration Section Division of Corporations			
SUBJECT: Mayyim18 LLC			
Name of	Limited Liabilit	y Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	Office Change a	nd fee(s) are submitted	d for filing.
Please return all correspondence concerning	g this matter to th	he following:	
			\$ 3 _
Ilan Bialer			强
Name of Person		-	22 TEAN
Mayyim18 LLC			SECRETANY OF STATE
Firm/Company		-	3: 17 STATE LORIE
7765 Crespi Blvd.			7
Address		-	
Miami Beach, FL 33141			
City/State and Zip Code		-	
ilanbialer@gmail.com		_	
E-mail address: (to be used for future annual report	notification)		
For further information concerning this mat	tter, please call:		
llan Bialer	_{at (} 786	536-2346	
Name of Person	A	rea Code & Daytime Telepho	one Number
STREET/COURIER ADDRESS:		MAILING ADDRESS:	
Registration Section	_	Registration Section	
Division of Corporations	Division of Corporations		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314		
Tallahassee, Florida 32301	1 8118	massee, Prortua 32314	

□ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

■ \$25 Filing Fee

Enclosed is a check for the following amount:

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. Na	ame of the limited liability company: Mayyim18 LLC		
2 (a)	Principal office address of limited liability compar	nsv: 7765 Cresni Blvd.	
2. (u)	(Note: MUST BE STREET ADDRESS)	Miami Beach, FL 33141	
		2	200 W 136
			The second
(b)) Mailing address of limited liability company:		Pro N
	(Note: MAY BE POST OFFICE BOX)		The Contraction of the
			300
Cantan	.ha- 4 2012	I 42000442004	بن مرات
	ber 4, 2012	L12000113294	
J. DE	ate of filing/registration in Florida	4. Document number	36
5 (0) Pagistared Agent and Registered Office shows or	, the meande of the Florid	79. a Dant of States
J. (a	Registered Agent and Registered Office shown or	i the records of the riorida	a Dept. of State:
	Registered Agent:	Agents and Corporations, Inc.	
	Registered Office Address:	300 Fifth Avenue South, Suite 101-	-330
		Naples, FL 34102	
(b)) Enter name of NEW Registered Agent and/or NE	EW Registered Office ad	ldress:
	NUMBER OF THE TAXABLE PROPERTY.		
	NEW Registered Agent:	Ilan Bialer	
	NEW Registered Office Address:	Mayyim18 LLC	
	(MUST BE FLORIDA STREET ADDRESS)	7765 Crespi Blvd	
		Miami Beach	,FL 33141
If the	limited liability company is not organized under the	laws of the State of Flori	ida, it is hereby
and th	rmed that after the change or changes are made, the he business office of the registered agent will be iden	riorida street address of the	Florida limited
liabil	ity company, it is hereby confirmed that the change	s) was/were authorized by	y an affirmative vote of
the m	ity company, it is hereby confirmed that the change (nembers of the limited liability company or as otherw	vise provided in the article	es of organization or
the of	perating agreement of the limited liability company.		
,	Jan Biala		
Signati	re of a member or authorized representative of a member		
	,		
Ilan Bia	ler, mpmh/h		
Printe	d of typed name of signee		
I her	eby accept the appointment as registered agent and	agree to act in this capac	city. I further agree to
comp	ly with the provisions of all statutes relative to the p	roper and complete perfo	rmance of my duties,
Chan	eby accept the appointment as registered agent and ly with the provisions of all statutes relative to the p am familiar with and accept the obligations of my p per 608, F.S., Or, if this document is being filed to m the limited liability compa	osition as registerea aget terely reflect a change in	ni as provided for the the registered office
addre	ss/ I hereby/obnfirm/hat the limited liability compa	ny has been notified in wi	riting of this change.
	Wilm 11 MULL		
Signat	use of Registered Agent		

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