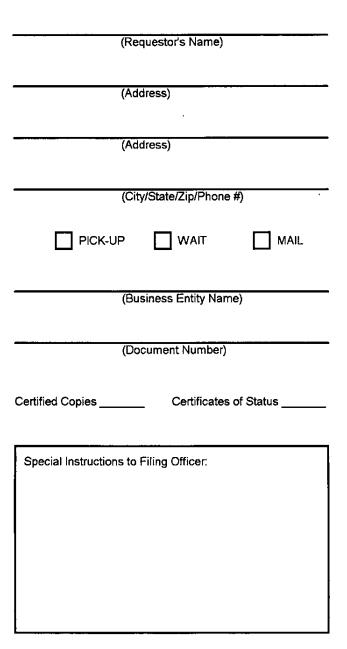
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Office Use Only



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COVER LETTER

Division of Corporations					
Mazel 5, LLC					
	of Limited Lia	ability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	e Change and t	fee(s) are submitted for filing.			
Please return all correspondence concerning this	matter to the f	following:			
Anthony Palazzo					
Name of Person		_			
Vcorp Services, LLC					
Firm/Company		-			
25 Robert Pitt Drive, Suite 204					
Address		_			
Monsey, NY 10952					
City/State and Zip Code		-			
statenotices@vcorpservices.com					
E-mail address: (to be used for future annua	al report notific	cation)			
For further information concerning this matter, p	lease call:				
Anthony Palazzo	845 at (517-3904			
Name of Person	(Area Code & Daytime Telephone 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 amount:					
△ \$25 Filing Fee	□ \$5:	5 Filing Fee & Certified Copy			
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.

i. Na	ame of the limited liability company: Mazel 5, LLC	;				
2. (a)	Mazel 5, LLC	 (1:	(b) Michael Goodman			
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(/	failing address of limited l		
	225 Broadhollow Road, Suite 310W		225 Broa	idhollow Road, Su	ite 310W	
	Melville, NY 11747		Melville,	NY 11747		
	12/12/2012			L12000155109		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Vcorp Services, LLC				<u>ــ</u> ت	
` '	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta			:	16 DEC	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 5011 South State Road 7, Suite 106				5 5	
(b)	Davie	33314				
	Michael Goodman					
	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	1120 East Kennedy Blvd, Suite 231					
	NEW Registered Office Address:			•		
	Tampa	33602				
	, F	L_00002		-		
the cha agent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regi lability c of the lin e limited	stered office ompany, it is afted liability liability con	e and the business off s hereby confirmed th y company or as other	ice of the registered at the change(s)	
Signa	nure of a member or authorized representative of a member			Printed or typed name of	signee	
provis the ob to mer notifie	thy accept the appointment as registered agent and agions of all statutes relative to the proper and completing tions of my position as registered agent as provided by reflect a change in the registered office address, the provided by the change of this change. ASSISHMH SCONTING OF THE PROPERTY OF TH	e perforn ed for in I hereby a	iance of my i Chapter 605 confirm that	duties, and Lom famili, F.S. Or, if this doct the limited liability co	to comply with the liar with and accept unent is being filed ompany has been	

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