114000021569

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				

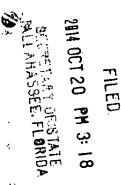




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RACharge

10/20/14--01013--013 **25.00



10/30/14

COVER LETTER

TO:

INHS18 (2/14)

TO:	O: Registration Section Division of Corporations				
SHRI	RUTH SHOOR INVESTMENT	S LLC			
5 0 D 0	UBJECT:				
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Office	Change and fe	e(s) are submitted for filing.		
Please	return all correspondence concerning this	matter to the fo	llowing:		
Danie	el Gitlin				
	Name of Person		-		
	Firm/Company		-		
910 N	NE 20th Ave		_		
	Address				
Fort I	Lauderdale FI 33304				
	City/State and Zip Code		-		
adnir	ovest1@gmail.com				
I	E-mail address: (to be used for future annua	I report notifica	ation)		
For fu	rther information concerning this matter, pl	case call:			
Danie	el Gitlin	954 at (465-3753		
	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	Regi: Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314		
	Enclosed is a check for the following amount:				
	■ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy		

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. N	fame of the limited liability company: RUTH SHOC	OR INVES	STMENTS LLC		
2. (a)	7 BONEI HA IR ST, APT 8	(b)	(h) 910 NW 20th AVE		
_, ()	Principal office address of limited liability company:	(0).	Mailing address of limited liability company:		
	(<u>Note: MUST BE STREET ADDRESS)</u> TEL-AVIV, ISRAEL	,	(<u>Note: MAY BE POST OFFICE BOX</u>)		
	TEL-AVIV , ISRAEL		Fort Lauderdale Fl 33304		
	69373				
	02/07/2014	L	14000021569		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a	NCORP SERVICES, INC				
J. (L	Registered Agent and Registered Office shown on the records of	f the Florida D			
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	17888 67TH COURT NORTH		7 2		
	LOXAHATCHEE, FI	L33470	FILED PH		
(b)	DANIEL GITLIN		ess: FLET 3:		
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office addr	ess: QF 8		
			Gr.		
	NEW Registered Office Address:				
	910 NE 20th AVE				
	FORT LAUDERDALE	L33304			
the chagent was/w	limited liability company is not organized under the la lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited ly vere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the registe iability com of the limit	ered office and the business office of the registered apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in		
Sion	ature of a member or authorized representative of a member		Printed or typed name of signee		
		was to sat in	7.1		
provis the ob to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change	gree to act the performant of	n this capacity. I juriner agree to comply with the accept of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed after the limited liability company has been		
Signat	ure Registered Agent				