

L14 0000 84089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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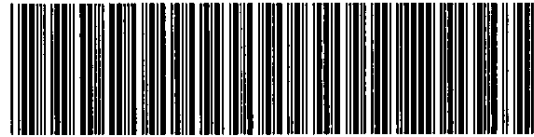
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Yom Tov Homes LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sam Levi

Name of Person

Yom Tov Homes LLC

Firm/Company

1616 NW 2nd Ave

Address

Boca Raton, FL 33432

City/State and Zip Code

rmmcabine+s@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sam Levi

Name of Person

at (954) 588-6353

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

☐ \$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. Name of the limited liability company: Yom Tov Homes LLC

2. (a) 1616 NW 2nd Ave (b) Same

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Boca Raton, FL 33432

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

3. 5/23/14 Date of filing/registration in Florida 4. L14 000084089 Document number

5. (a) Menny Gila
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

10050 Spanish Isles Blvd

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

E14
Boca Raton, FL 33498

(b) Menny Gila
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1616 NW 2nd Ave

NEW Registered Office Address:

Boca Raton, FL 33432

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Menny Gila
Signature of a member or authorized representative of a member

Menny Gila
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Menny Gila
Signature of Registered Agent