

(((H24000196886 3)))



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8: 16

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M. SOLOMON

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JUN - 5 2024

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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.

(a)	4817 AVENUE N. BROOKLYN, NY 11234	(b) 4817 A	VENUE N. BROOKLYN, NY 11234	
	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	Mailing address of limited fiability company: (Note: MAY BE POST OFFICE BOX)		
	10/01/2014	L1400015	34760	
	Date of filing/registration in Florida	4.	Document number	
(a)	PODOLSKY, ABRAHAM			
(a)	Registered Agent and Registered Office shown on the records of 9801 COLLINS AVE.	of the Florida Dept. of St	ate:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		2004 	
	IIR		2024 JUN SECRET ALCORET	
(b)	BAL HARBOUR	33154	UN -5	
	NATIONWIDE REGISTERED AGENTS CORP.		<u> </u>	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office address:	0.1.6 1.1.6	
	7064 NORTHWEST 49TH STREET		:: • • • • • • • • • • • • • • • • • •	
	NEW Registered Office Address:			
	LAUDERHILL	FL 33319	_	
inge ent w s/we arti-	imited liability company is not organized under the lor changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members cles of organization or the operating agreement of the Abraham Podolsky	ne registered office a liability company, it of the limited liabil	and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.	
	cure of a member or authorized representative of a member		Printed or typed name of signee	
eret	by accept the appointment as registered agent and as ons of all statutes relative to the proper and complet igations of my position as registered agent as provid ly reflect a change in the registered office address.	gree to act in this ca e performance of my led for in Chapter 60 I hereby confirm tha	nacity. I further agree to comply with th	
visii obli nere	ely reflect a change in the registerea office daaress, it I'in writing of this change.	nereor commina	the time the transfer of the transfer of the	

FILING FEE: \$25.00

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