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(Requestor's Name)								
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PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
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2022 JUL 26 PH 2: 5



COVER LETTER

TO: Registration Section Division of Corporations					
GALINA URMAN, LLC SUBJECT:			_		
	Name of Limited I	Liability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered	d Office Change and	I fee(s) are submitted for filing.			
Please return all correspondence concernit	ng this matter to the	following:			
GALINA URMAN					
Name of Person					
URMAN LAW GROUP, P. A.					
Firm/Company		<u> </u>			
1930 HARRISON STREET, SUITE 208					
Address		<u> </u>			
HOLLYWOOD, FL 33020				21	
City/State and Zip Co	ode	 : -	: - 	2022 JUL 26	uh. e
GALINA@URMANLAWGROUP.COM		· •	· -	[E	
E-mail address: (to be used for futur-	e annual report noti	fication)	<i>></i> أ		:
For further information concerning this ma	atter, please call:	Y T		말 2:	(<u> </u>
GALINA URMAN	248 at (214-1185	_ (·: 5 2	-
Name of Person		Area Code & Daytime Telephone Numb	er		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the follo	wing amount:				
■ \$25 Filing Fee		555 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.

1.	Na	ume of the limited liability company: GALINA URMAN	N, LLC				_	
2.	(a)	1800 S OCEAN DR., SUITE 3108	(b) 1800 S OCEAN DR., SUITE 3108					
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of I			-
		HALLANDALE BEACH, FL 33009	_		HALLANDALE BEACH, I	31, 33009	 .	
		03/19/2015	 -	1	.15000050133			
 3. 5. 	(a)	Date of filing/registration in Florida URMAN LAW GROUP, P.A.	4.		Document num	ber		
J. (a)	()	Registered Agent and Registered Office shown on the records of the 501 GOLDEN ISLES DR.,	he Flori	da I	Dept. of State:			
		Registered Office Address (MUST BE FLORIDA STREET A SUITE 206C	DDRE.	<u>S.S.</u>		. .	2022	
		HALLANDALE BEACH , FL	33009				2022 און 26	5
	(b)	URMAN LAW GROUP, P.A.				HA SELF	26 P	المراث
	, ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (Office :	ıddı	ress:		PH 2:	9 E II
		1930 HARRISON STREET,					9: 52	
		NEW Registered Office Address: SUITE 208						
		HOLLYWOOD FL_	33020					
cha age was	nge nt w	imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liability authorized by an affirmative yote of the members of cles of organization or the operating agreement of the limited liability.	registe bility of the li imited	red con mit l lia	office and the business of opens, it is hereby confirmed liability company or as	ffice of the	he registe he chang	red e(s)
S	ignat	ture of a-member or authorized representative of a member	` —		Printed or typed n	ame of sigr	nee	<u> </u>
pro the to n not	visie obli nere ified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect to charge in the registered office address, I had in scritting of this change.	re to ac perform for in ereby	ct ii nar Ch con	1 this capacity. I further a ice of my duties, and I am apter 605, F.S. Or, if this firm that the limited liabil	igree to c familiar i docume lity comp	comply w with and nt is bein any has i	ith the l accept ig filed been