(Requestor's Name)					
(Address)					
(Address)					
(Cr	ty/State/Zip/Phone	9 #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	ocument Number)				
•	•				
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
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		:			

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K. SALY EXAMINER SEP 20

## **COVER LETTER**

TO:

INHS18 (2/14)

	egistration Section ivision of Corporations		·				
SUBJECT	INTERNET KOSHER VEN	TURES LLO					
	Name of Limited Liability Company						
Dear Sir o	r Madam:						
The enclos	sed Registered Agent/Registered O	ffice Change a	and fee(s) are submitted for filing.				
Please retu	urn all correspondence concerning t	this matter to t	he following:				
DAVID S	S. DORDEK						
	Name of Person		<del></del>				
DORDE	K, ROSENBURG & ASSOCIA	ATES, P.C.					
	Firm/Company		<del></del>				
8424 SK	OKIE BLVD #200						
	Address		<del></del>				
SKOKIE	, IL 60077						
	City/State and Zip Code		<del></del>				
DAVID@	DRAPC.COM						
E-ma	ail address: (to be used for future ar	nual report no	otification)				
For furthe	r information concerning this matte	r, please call:					
DAVID S	S. DORDEK	847	676-9555				
	Name of Person		Area Code & Daytime Telephone Number				
S	TREET/COURIER ADDRESS:		MAILING ADDRESS:				
Re	egistration Section		Registration Section				
	ivision of Corporations		Division of Corporations				
	lifton Building		P.O. Box 6327				
	661 Executive Center Circle		Tallahassee, Florida 32314				
Ta	allahassee, Florida 32301						
E	nclosed is a check for the followin	ıg amount:					
£	\$25 Filing Fee	<b>S</b> ar	\$55 Filing Fee & Certified Conv				

## 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	ame of the limited liability company: INTERNET KO	SHI	ER VE	NTUF	RES LLC
2. (a)	5055 COLLINS AVE, 14C, MIAMI BEACH, FL		(b) 50	55 CC	DLLINS AVE, 14C, MIAMI BEACH
(w)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_		N	lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	NOVEMBER 9, 2015	-	L15	00018	9887
3.	Date of filing/registration in Florida	4.			Document number
5. (a)	JONATHAN MORGINSTIN				
J. (a)	Registered Agent and Registered Office shown on the records of the 5055 COLLINS AVE, 14C	e Flor	ida Dept	. of State	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				20
					2016 SEP
	MIAMI BEACH , FL 3	314	0		HASSELAND TO THE
(b)	JACQUELINE WACHTEL				PH 2: 05
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	725 SE 9TH COURT, UNIT 1D1				
	NEW Registered Office Address:				
	HIALEAH FL.3	301	0		
the cha agent v was/wo	imited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	s of the repolity of the limite	he Stat gistere compa imited d liabil	d office my, it is liability ity com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Signa	ture of a member or authorized representative of a member	_	1 UAN		Printed or typed name of signee
I here provisi the obl to mero notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address, I he din writing of this change.	e to derfor in the second seco	ict in ti mance n Chap confir	his cana	city. I further agree to comply with the

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