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TO: Registration Section

Division of Corporations							
SUBJECT: ENY EQUITY, LLC							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing	ıg.				
Please return all correspondence concerning th	is matter to the	following:					
Eldad Cohen		_					
Name of Person							
Firm/Company							
• •							
PO BOX 24							
Address							
Westwood MA 02090			5 € 2				
City/State and Zip Code		_	117A				
cohen9@gmail.com			WIT FEB 21 P P: SCORE DARY OF SEA ALLAHASSEE, FI OR				
E-mail address: (to be used for future and	ual report notif	ication)					
For further information concerning this matter	, please call:						
Ram Cohen	718	380-1062	REAL OF				
Name of Person	at (Area Code & Daytime Te					
		·	repriorie 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	рру						
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	me of the limited liability company: ENY EQUITY,			
2. (٠,	ENY EQUITY, LLC	(b) ENY EQUITY, LLC		
2. (*) .	Principal office address of limited liability company:	_ (0	M	ailing address of limited liability company:
		(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)
		499 CHESTNUT STREET	PO BOX 24		
		CEDARHURST, NY 11516	_	Westwoo	d MA 02090
		02/15/2016		L1600003	1780
3.		Date of filing/registration in Florida	4.	I	Document number
5. (ر. روز	REGISTERED AGENTS INC.			
3. ((a)	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State:	
		STE 150A			
		Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS	2	
3030 N. ROCKY POINT DR.					
		TEMPA ,FL	33607		
0	b)	Ram Cohen			(1) (1)
Enter name of NEW Registered Agent and/or NEW Registered Office address:					
		2801 E New York Ave)
		NEW Registered Office Address:			
		Deland ,FL	32724		
the ager	cha nt v /we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regi bility co the lin	stered office ompany, it is nited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	Æ	My Ari	Eld	lad Cohen	
	_	ture of a member or authorized representative of a member			Printed or typed name of signee
pro the to n	visi obi ier	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	ee to ac perform! for in v ereby c	t in this capa ance of my d Chapter 605, onfirm that t	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Sign	hatu	am (when the contract of Registered Agent			

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