L16000063523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JUN 06 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2017

SIVAN SHALOM
142 NE 1 AVE
HALLANDALE BEACH, FL 33009

SUBJECT: AGAMUSH, LLC
Ref. Number: L16000063523

We have received your document for AGAMUSH, LLC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 617A00009852

Check was Deposited use this money to pay the fee. Thank you.

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ~~AGAMUSHUSA~~ AGAMUSH 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:

SIVAN SHALOM
Name of Person

AGAMUSH LLC
Firm/Company

142 NE 1 Ave
Address

Hallandale Beach, FL 33009
City/State and Zip Code

agamushusa@gmail.com
E-mail address: (to be used for future annual report notification)

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2017 JUN -5 P 4:15
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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Sivan Shalom at (917) 5244964
Name of Person — 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

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. Name of the limited liability company: AGAMUSH LLC

2. (a) 142 NE 1 Ave
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Hallandale Beach, FL 33009

(b) 142 NE 1 Ave
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Hallandale Beach, FL 33009

3. 3/30/16
Date of filing/registration in Florida

4. L16000063523
Document number

5. (a) Corporation Service Company
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1201 Hays St.
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Tallahassee, FL 32301

_____, FL_____

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

142 NE 1 Ave
NEW Registered Office Address:

Hallandale Beach, FL 33009

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2017 JUN -5 P 4:15
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TALLAHASSEE, FLORIDA

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.

Signature of a member or authorized representative of a member

SIVAN SHALOM
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.

Signature of Registered Agent

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

INHS18 (2/14)