116000 210 947

(Re	questor's Name)						
(Ad	dress)						
(Ad	dress)						
(Cit	y/State/Zip/Phon	e #)					
PICK-UP	☐ WAIT	MAIL					
(Bu	siness Entity Nar	me)					
(Do	cument Number)	,					
Certified Copies	_ Certificate:	Certificates of Status					
Special Instructions to	Filing Officer:						

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SECRE JARY OF STATE

JUN 1 7 2020

COVER LETTER

то:		ration Section on of Corporations						
SUBJ	ECT: _	King David Holdin	gs LLC		•			
		Name of Limited Liability Company						
Dear S	Sir or Ma	adam:						
The er	nclosed f	Registered Agent/Registered (Office Cha	nge and	fee(s) are submitted for filing.			
Please	return a	II correspondence concerning	this matte	r to the	following:			
Shay	y Yako	bovich			•			
		Name of Person			-			
King	David	l Holdings LLC						
		Firm/Company						
18800) NE 2	9th Ave, apt 629			•			
		Address						
Miai	mi, FL	. 33180						
		City/State and Zip Code	;		_			
shay	@luxe	e-holdings.com						
E	-mail ad	dress: (to be used for future a	nnual repo	ort notific	cation)			
For fur	ther info	rmation concerning this matte	er, please o	all:				
Sha	ıy Yak	obovich	at (954	、496-5581			
		Name of Person	u		Area Code & Daytime Telephone Number			
	Registr Division P.O. B	ration Section on of Corporations ox 6327 assee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclose	ed is a check for the following	ig amouni	l:				
,	. 🗖 \$25	Filing Fee		□ \$ 55	5 Filing Fee & Certified Copy			
INHS18	3 (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. N	ame of the limited liability company: King David	d Hold	ings LLC		
2. (a)	•	(L)		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of lin	mited liability company:
	18800 NE 29th Ave, apt 629		18800	NE 29th Ave	
	Miami, FL 33180			, FL 33180	, apr 027
			'		
	May 18th, 2020		L1600	00210947	•
3.	Date of filing/registration in Florida	4.		Document number	 er
5. (a)	·			•	
	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	- ::	
	Shay Yakobovich				
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS		-	
	18800 NE 29th Ave, apt 629			•	
	Miami , FL	331	 80	•	
(b)					2828 SEC TALL
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad			
	LSAS Attorneys	<u> </u>	<u> </u>		2829 JUN 15 SECRETARY O
	NEW Registered Office Address:	·····	-		FE COM
	2699 Stirling Rd, suite C-401				7: 1 ORID ORID
	Fort Lauderdale	333	12		·
agent w was/we the artic	mited liability company is not organized under the law or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law or a member or authorized representative of a member by accept the appointment as registered agent and agree	bility con f the limi limited li	office and mpany, it is ited liability ability compy Yakobovio	the business office hereby confirmed company or as or bany. Ch Printed or typed name	ce of the registered it that the change(s) therwise provided in
provisió he obli o mere otified	y accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	performa for in C ereby co	nce of my di hapter 605, nfirm that th	wy. I jurther der utles, and I am fai F.S. Or, if this do ne limited liability	ree to comply with the miliar with and accept ocument is being filed ocompany has been
Signatur	of Registered Agent				