

L16 000 233 506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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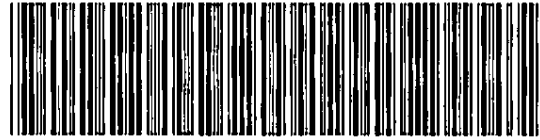
(Business Entity Name)

(Document Number)

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2022 JUL 12 PM 1:33
TALLAHASSEE, FLORIDA

OCT 12 2022

S. PRATHER

4/6/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EZ PURCHASE, 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:

SIMON D BENAYON

Name of Person

EZ PURCHASE, LLC

Firm/Company

19501 BISCAYNE BLVD, #1301

Address

AVENTURA, FL 33180

City/State and Zip Code

EZPURCHASELLC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SIMON D BENAYON

305

974-2382

at ()

Name of Person

Area Code & Daytime Telephone Number

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 following amount:

☒ \$25 Filing Fee

to the order

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

of Florida Department of state

7/6/2022

Address **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: <u>EZ PURCHASE, LLC</u>	
2. (a) <u>19501 BISCAYNE BLVD. #1301, AVENTURA, FL 33180</u> Principal office address of limited liability company <i>(Note: MUST BE STREET ADDRESS)</i> <u>19501 BISCAYNE BLVD. #1301,</u> <u>AVENTURA, FL 33180</u>	(b) <u>19501 BISCAYNE BLVD. #1301, AVENTURA, FL 3</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>19501 BISCAYNE BLVD. #1301,</u> <u>AVENTURA, FL 33180</u>
<u>12/29/2016</u>	<u>L16000233506</u>
3. <u>DATE OF FILING/REGISTRATION IN FLORIDA</u>	4. <u>DOCUMENT NUMBER</u>
5. (a) <u>SIMON D BENAYON</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>12770 HYLAND CIRCLE, BOCA RATON, FL 33428</u> Registered Office Address <i>(MUST BE FLORIDA STREET ADDRESS)</i> <u>12770 HYLAND CIRCLE,</u> <u>BOCA RATON, FL 33428</u>	
(b) <u>SIMON D BENAYON</u> Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>19501 BISCAYNE BLVD. #1301, AVENTURA, FL 33180</u> <u>NEW Registered Office Address:</u> <u>19501 BISCAYNE BLVD. #1301,</u> <u>AVENTURA, FL 33180</u>	

No Mailings to this
Address

Registered Agent
New Address
for ALL Mailings

TALLAHASSEE, FL 32314

2022 JUL 12 PM 1:35

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	<u>SIMON D BENAYON</u> _____ 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