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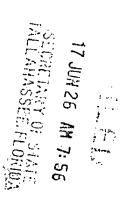
(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phon	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Do	cument Number)				
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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JUN 2 9 2017 J SHIVERS

COVER LETTER

то:	Registration Section Division of Corporations					
SUBJE	EHRC INVESTMENTS LLC	EHRC INVESTMENTS LLC				
0000		of Limited Liab	ility Company			
Dear Si	r or Madam:					
The enc	closed Registered Agent/Registered Office	Change and fe	e(s) are submitted for filing.			
Please r	return all correspondence concerning this	matter to the fol	lowing:			
Eliran	Halliva					
	Name of Person					
EHRC	INVESTMENTS LLC					
	Firm/Company					
1835 E	E. Hallandale Beach Blvd, STE 201					
	Address					
Hallan	idale Beach, FL 33009					
	City/State and Zip Code					
	lainc@gmail.com					
E-	mail address: (to be used for future annua	l report notifica	tion)			
For furt	her information concerning this matter, pl	ease call:				
Eliran	Halliva .	315	706-2149			
	Name of Person	1	Area Code & Daytime Telephone Number			
		LING ADDRESS:				
	Registration Section		tration Section			
	Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327				
	2661 Executive Center Circle	Tallahassee, Florida 32314				
	Tallahassee, Florida 32301	1 41144	180000, 1 101100 02011			
	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. N	lame of the limited liability company: EHRC INVE	SIMEN	ISLLC	
2. (a)	1835 E. Hallandale Beach Blvd	Œ)	
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-		Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	STE 201			
	Hallandale Beach, FL 33009			
	01/23/2017	_	L1700001	8043
3.	Date of filing/registration in Florida	4.		Document number
5. (a	KSDT & COMPANY			
J. (4	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	2	
	9300 S DADELAND BLVD 600			F. Co.
	MIAMI , FL	33156		17 JE
(b)	Eliran Halliva			JUN 26
	Enter name of NEW Registered Agent and/or NEW Registered	l Office add	tress:	
	NEW Registered Office Address:	•		(回)
	1835 E. Hallandale Beach Blvd, STE 201			<i></i>
	Hallandale Beach , FL	33009		
the ch agent was/w	limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- tere authorized by an affirmative vote of the members of cicles of organization or the operating agreement of the	f the regise ability confithe limes a limited l	tered office mpany, it is ited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee
I here provis the ob to men notifie	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I add in writing of this change.	ree to act performe d for in C hereby co	in this capa ance of my d hapter 605, onfirm that t	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Signati	Clinan Halliva			