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TO: Registration Section Division of Corporations

SUBJECT: MASH GC, LLC

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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:

Hezi Mahleb

Name of Person

MASH GC, LLC

Firm/Company

11865 SW 26th Street Suite J10

Address

Miami, FL 33175

City/State and Zip Code

mashgcllc@gmail.com

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

For further information concerning this matter, please call:

Hezi Mahleb	786 301-1443
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following	amount:

S25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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.

I. N	ame of the limited liability company: MASH GC, L	_LC				
2. (a)			(b)			
	Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>)			Mailing address of limite (<u>Note: MAY BE POS</u>		
	11865 SW 26th Street		11865 S	SW 26th Street		
	Suite J10		Suite J1	0		
	Miami, FL 33175		Miami, Fl	L 33175		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Donald J Shannon					
5. (u)	Registered Agent and Registered Office shown on the records of 19448 NE 26th Ave	f the Flori	da Dept. of State	- e:		
(b)	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Suite 73			_	1217	
	Aventura FI	. 3318	0		1. L. P.	11
	Hezi Mahleb			- Maxser El Frida	1 0	Г П
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office a	iddress:	<u>-</u> با	ц,	D
	11865 SW 26th Street				S S	-
	NEW Registered Office Address:	• •		:	2	
	Suite J10			_		
	Miami . FI	L 3317:	5			
thetcha agent v was/w	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li are authorized by an affirmative vote of the members of cles of regarization or the operating agreement of the	f the reg iability of of the li 2 limited	istered office company, it is mited liability	e and the business o s hereby confirmed y company or as oth npany.	ffice o that th	f the registered ic change(s)
Signa	ture of a member authorized representative of a member			Printed or typed name	ofsigne	20
l here provisi the obl to mer	by accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change.	? nertori	nance of my a	acity. I further agre duties, and I am fan	ee to c viliar v	omply with the vith and accep
Signatu	Registered Agent					
	Division of Corporations P.O.	Box 632	27• Tallahas	ssee, FL 32314		

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FILING FEE: \$25.00

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