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COVER LETTER

TO: Registration Section Division of Corporations

MISHMISH INVESTMENTS LLC SUBJECT:

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:

Allen Hamaoui

Name of Person

MISHMISH INVESTMENTS LLC

Firm/Company

4400 N. Federal Highway, Suite 210

Address

Boca Raton, FL 33431

City/State and Zip Code

lontra73@gmail.com

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

at.

For further information concerning this matter, please call:

Name of Person

914 ______ 659-0847

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:

S25 Filing Fee

\$55 Filing Fee & Certified Copy



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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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.

١.	Na	me of the limited liability company: MISHMISH	HINVES1		_LC	<u> </u>			
		Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>) 4400 N. Federal Highway, Suite 210		(b)					
		Boca Raton, FL 33431		Boca R	Boca Raton, FL 33431				
		02/14/2017		L170000					
3.		Date of filing/registration in Florida	4.		Document nu	mber		·	
5.	(a)	Registered Agent and Registered Office shown on the records ALLEN HAMAOUI Registered Office Address (MUST BE FLORIDA STRE 499 E. PALMETTO ROAD SUITE 200							
		BOCA RATON	FL_33432	2					
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> ALLEN HAMAOUI <u>NEW</u> Registered Office Address:	ered Office a	<u>ddress</u> :	FILED				
	4400 N. Federal Highway, Suite 210								
			FL_33431	1	ORIDA				
the agen was	cha nt w /we	mited liability company is not organized under the nge or changes are made, the Florida street address fill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the membe cles of organization or the operating agreement of 4^{11} \mathcal{M}_{2}	s of the reg d liability o rs of the li the limited	istered offic company, it mited liabili	te and the busing is hereby confir ity company or a mpany.	ess office c med that th	of the ne cha	registered ngc(s)	
Si	gnat	ore of a member or authorized representative oNa member			Printed or typed	name of sign	ee –		
pro the to n noti	visio obli iere fiec	y accept the appointment as registered agent and ons of all statutes relative to the proper and compl gatons of my position as registered agent as prov lyrefloct a change in the registered office address in virung of this change.	ele perforn	nance of mi	duties, and I ar	n Tamiliar v	sith a	nd accept	
	l								

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