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Office Use Only



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S. YOUNG

COVER LETTER

то:	Registration Section Division of Corporations					
SUBJI	A-Bi-Gezunt, LLC					
	Name of Limited Liability Company					
Dear S	Sir or Madam:					
The en	nclosed Registered Agent/Registered Office	c Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning this	matter to the following:				
Ofer I	Klein					
	Name of Person					
A-Bi-	Gezunt, LLC					
	Firm/Company					
1320	NW 65th PL					
	Address					
Ft. La	auderdale, FL 33309					
	City/State and Zip Code					
oferkl	e@gmail.com					
E	E-mail address: (to be used for future annua	l report notification)				
For fur	ther information concerning this matter, pl	ease call:				
Ofer k	Klein	210 200-9988 at ()				
	Name of Person	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:					
	■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				
INHS18	8 (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.

	A-Ri-Gezunt	UС			
1. N	ame of the limited liability company: A-Bi-Gezunt,				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 1320 NW 65th PL		(b) 1320 N'	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) W 65th PL	
	Ft. Lauderdale, FL 33309		Ft. Laud	derdale, FL 33309	
	05/22/2017		L170001	12750	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Registered Agent and Registered Office shown on the records of Ofer Klein		· · · · · · · · · · · · · · · · · · ·		
	Registered Office Address (MUST BE FLORIDA STREET) 1800 SW 34th St	<u>ADDRES</u>	<u>(3)</u>		
	Ft. Lauderdale . FI	3331 3331	5	MN 28	
(b)	New Registered Office Address			M 5: 29	
, ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			29	
	Ofer Klein				
	NEW Registered Office Address:			-	
	1320 NW 65th PL			_	
	Ft. Lauderdale	3330	9	_	
the cha 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 ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the regiability of the li- e limited	istered offic company, it i mited liabili	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee		
Lhoro	by accept the appointment as registered agent and ag	ree to m	er in this car	vacity. I further garee to comply with the	

r necess 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