L17000175719

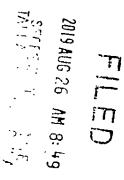
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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COVER LETTER

TO:	Registration Section Division of Corporations		.•	عي			
	,			4.			
SUBJ							
	Nam	Name of Limited Liability Company					
Dear S	ir or Madam:						
The er	closed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted	for filing.			
Please	return all correspondence concerning thi	s matter to the	following:				
BEN'	Y MOLAYEV						
	Name of Person						
MY N	MARKET NYC LLC						
	Firm/Company						
1908	5 STREAMSIDE COURT						
	Address						
вос	A RATON, FLORIDA 33498						
	City/State and Zip Code						
BEN'	YM@HAIRBARNYC.COM						
- I	-mail address: (to be used for future annual	ual report notif	ication)				
For fu	ther information concerning this matter,	please call:					
BEN	Y MOLAYEV	718 at (, 926-7120				
	Name of Person	_ ar (Area Code & Day	time Telephone Number			
	STREET/COURIER ADDRESS:	M	AILING ADDRESS	S:			
	Registration Section		gistration Section				
	Division of Corporations		vision of Corporation	ns			
	Clifton Building		D. Box 6327	214			
	2661 Executive Center Circle Tallahassee, Florida 32301	l a.	llahassee, Florida 32	314			
	Enclosed is a check for the following amount:						
	■ \$25 Filing Fee	□ \$5	55 Filing Fee & Cert	ified 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 a	ame of the limited liability company: MY MARKE	T NYC LLC			
		(b)			
2. (1,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 19085 STREAMSIDE COURT			
	7305 N. STATE ROAD 7				
	PARKLAND, FLORIDA 33073	BOCA P	BOCA RATON		
	08/17/2017	L1700017	75719		
3.	Date of filing/registration in Florida	4. Document nui	mber		
5. (a)					
J. (a)	Registered Agent and Registered Office shown on the records of	f the Florida Dept, of State	- ::		
	LEGALINC CORPORATE SERVICES, INC	,			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	•		
	5237 SUMMERLIN COMMONS SUITE 400	201			
	FORT MYERS , FI		F ! L 2019 AUG 26 \$77		
(b)	50 50				
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:			
	ST. LOUIS LAW, P.A.		8: ±9		
	NEW Registered Office Address:				
	12555 ORANGE DRIVE, SUITE 4096				
	DAVIE FI	33330			
the cha agent v was/we the arti	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	If the registered office liability company, it is of the limited liability	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in opany. YEV		
_	ture of a member or authorized representative of a member	ann to ant i still	Printed or typed name of signee		
provisi the obl to mer	by accept the appointment as registered agent and ag 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.	ree to act in this capa e performance of my d ed for in Chapter 605 hereby confirm that i	ucity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been		

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

Signature of Registered Agent