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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : 120100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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LLC REGISTERED AGENT CHANGE OFEK US HOLDING, LLC

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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE			Liability Company		
Dear Si	ir or Madam:				
	closed Registered Agent/Registered Office	· Change at	nd fee(s) are submitted for filing.		
Please	return all correspondence concerning this	пинетю и	te tonowing.		
Ma	argot Mullin				
TVIC	Name of Person				
Regis	stered Agent Solutions, Inc.				
	Firm/Company				
1701	Directors Blvd, Suite 300				
	Address				
Austi	n, TX 78744				
	City/State and Zip Code				
	E-mail address: (to be used for future annu-	al report no	otification)		
For fu	rther information concerning this matter, p	lease call:			
N/A	argot Mullin	888	705-7274		
IVIC	Name of Person	_ at ()		
			MAILING ADDRESS:		
	STREET/COURIER ADDRESS: Registration Section		Registration Section		
Division of Corporations D			Division of Corporations		
	Clifton Building		P.O. Box 6327		
	2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314		
	Enclosed is a check for the following a	amount:			
	□ \$25 Filing Fee		\$55 Filing Fee & Certified Copy		

⊙ 02/17/2020 8:37 AM - N

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.

r (orta:	ame of the limited liability company: OFEK U	JS H	olding	LLC		
	ame of the fanited habitity company.		b)			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 18331 Pines Blvd Suite 319 Pembroke Pines, FL 33029	9_	1833	(Note: MAY B) 1 Pines	f limited liability com <u>E POST OFFICE RO</u> Blvd Suite nes, FL 33	2.x0 e 319
	8/17/2017		L1700	0017611	11	
3.	Date of filing/registration in Florida	4.		Document nu	mber	
5. (a)	Avrahami, Jacob			_		
	Registered Agent and Registered Office shown on the records of 16713 NW 20TH STREET Registered Office Address (MUST BE FLORIDA STREET)					
	Registered Agent Solutions	_{FL} 330 s, Inc			SECRETARY TALLARDAS	الا عاصو
(b)	Enter name of NEW Registered Agent and/or NEW Register				8 日	
	155 Office Plaza Dr.	· · · · · · · · · · · · · · · · · · ·			7 PM12: 15	
	NEW Registered Office Address:				17. FL	أميية
	Suite A			_	F 5	
	Tallahassee	_{FL} 320	301	_		
the cl agent	limited liability company is not organized under the nange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member rticles of organization or the operating agreement of t	of the re Hiability rs of the l	gistered om company, it imited liabil	is hereby conf ity company or	irmed that the cha	inge(s)
s/ I	Mike Outlaw		like Out	law	Manager	
	nature of a member or authorized representative of a member		and the Abite		ed name of signee	lo with the
provi the o	reby accept the appointment as registered agent and elisions of all statutes relative to the proper and comple bligations of my position as registered agent as proverely reflect a change in the registered office address and in writing of this change. Mackenzie Han, Asst. Secretary	ided for i , I hereby	ict in inis ca mance of m a Chapter 6 confirm the	pacity. I juring duties, and I of the first of the limited light of the lig	am familiar with a this document is lability company h	and accept being filed as been

Signature of Registered Agent