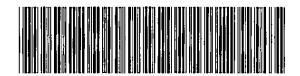
## L18000005963

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



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| COVER LETTER  |
|---|
| TO: Registration Section Division of Corporations   |
| SUBJECT: 3565 NE 1954 ST LLC  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:                   |
| Yuval Avital  |
| Name of Person  |
| 7365 NE 1954 ST LLC Firm/Company  |
| r irm/Company   |
| May Sw 32nd way   |
| Fort landerdale fl 33180 City/State and Zip Code  |
| E-mail address: (to be used for future andual report notification)                          |
| For further information concerning this matter, please call:                                |
| Name of Person at (954) 552-5804  Area Code & Daytime Telephone Number                      |
| STDEET/COUDIED ADDRESS. MAILING ADDRESS.  |

## 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 (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. Na                 | me of the limited liability company: 365 NE 1954 St LLC  |
|-----------------------|--|
| 2. (a)                | (b)  |
| , ,                   | Principal office address of limited liability company: Mailing address of limited liability company:   |
|                       | (Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)   |
|                       | May Sw 32 may way yand sw 32 mg way  |
|                       | _ tort Landerdalpski tort Landerdale si  |
|                       | 33317  |
|                       | 110312018  |
| 3.                    | Date of filing/registration in Florida 4. Document number  |
| 5. (a)                | Koter Estates ILC  |
| J. (a)                | Registered Agent and Registered Office shown on the records of the Florida Dept. of State:   |
|                       | 1001 N federal How #317  |
|                       | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)   |
|                       |  |
|                       |  |
|                       | Hallandale Beach FL 33009  |
|                       | Viva I Notal   |
| (b)                   | Enter name of NEW Registered Agent and/or NEW Registered Office address:   |
|                       |  |
|                       | 4942 SW 32 nd way  |
|                       | NEW Registered Office Address:   |
|                       | · ·  |
|                       |  |
|                       | toA Lauderdale FL 33312.   |
|                       | mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after   |
| the char              | age or changes are made, the Florida street address of the registered office and the business office of the registered ill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)   |
| was/we                | re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in   |
| the artic             | cles of organization of the operating agreement of the limited liability company.  |
| Signati               | are of a member or authorized representative of a member  Printed or typed name of signee  |
| I hereb               | v accept the appointment as revistered agent and agree to act in this capacity. I further agree to comply with the   |
| provision<br>the obli | ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept<br>gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed<br>by reflect a change in the registered office address. I hereby confirm that the limited liability company has been |
| to mere               | ly reflect a change in the registered office address. I hereby confirm that the limited liability company has been<br>I'in writing off <u>this c</u> hange.  |
| y.ca                  | in writing opinis crange.  |

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

Signature of Registered Agent