L18000079487

| (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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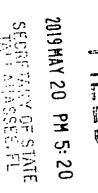
Office Use Only



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S TALLENT JUN 05 2019



Work

COVER LETTER

| TO: | Registration Section Division of Corporations | | ;· | | | | | | | | |
|--|---|---|--------------------------|--------------------|--|--|--|--|--|--|--|
| SUBJ | DETSETPILATES AND LECT: | Tets | set Wiami | VIII LL | | | | | | | |
| | Name of Limited Liability Company | | | | | | | | | | |
| Dear S | Sir or Madam: | | | | | | | | | | |
| The er | iclosed Registered Agent/Registered Offic | ce Change and | fee(s) are submitted for | · filing. | | | | | | | |
| Please | return all correspondence concerning this | matter to the f | following: | | | | | | | | |
| MICI | HAEL SCHWARTZ | | | | | | | | | | |
| | Name of Person | | _ | | | | | | | | |
| Jewe | ett, Schwartz & Associates | | | | | | | | | | |
| | Firm/Company | | <u> </u> | | | | | | | | |
| 200 | S. Park Road Suite 150 | | | | | | | | | | |
| | Address | | | | | | | | | | |
| Holly | wood, Florida 33021 | | | | | | | | | | |
| | City/State and Zip Code | | _ | | | | | | | | |
| ARY. | AN@JETSETMIAMI.COM | | / | | | | | | | | |
| | -mail address: (to be used for future annu | | | | | | | | | | |
| For fur | ther information concerning this matter, p | lease call: | | | | | | | | | |
| Arya | n Rashed | 510 | 912-7943 | | | | | | | | |
| | | _ 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 a | mount: | | | | | | | | | |
| | 2 \$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.

| l. N | Name of the limited liability company: | 4LA7E620 | ##2 66 | Tet sel | MIAM | ı V | <u> </u> |
|---|--|--|--|---|--|--|---------------------------------|
| | | | | | | | |
| `, | Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) | ·: ` ` | , | Mailing address of (Note: MAY BE | | | |
| | 6608801XIEHOBHWAY 405W 131 | m street | 644848 | -DIXIETRICHY | #AY 40 | SW | 13tu |
| | 41271 FL-33143 Suite 504 | | | PL03148 | Su | ite 5 | 140 |
| | Miami, F | - 23120 | , | | иi | ami, | FL |
| | 03/28/2018 | | L180000 | 079487 | | , | |
| 3. | Date of filing/registration in Florida | 4. | | Document num | nber | | _ |
| 5. (a | <i>a</i>) | | | | | | |
| | Registered Agent and Registered Office shown on the record DANA KAUFMAN | ds of the Florid | a Dept. of St | ate: | | | |
| | Registered Office Address (MUST BE FLORIDA STRE | EET ADDRES | <u>s)</u> | | | | |
| | 1001 BRICKELL BAY DRIVE SUITE 265 | 50 | | | | ~3 | |
| | MIAMI | . FL 33131 | | | SECR | 2019 HAY 21 | |
| | | · <u></u> | <u> </u> | | 上所 | P | Artheraps fig. |
| (b) | | | | | 35 | 20 | 1 |
| | Enter name of NEW Registered Agent and/or NEW Regist | tered Office ad | dress: | | 188 188 | PM | TT |
| | MICHAEL SCHWARTZ | | | | E C | 1 5: 2 | O |
| | NEW Registered Office Address: | <u></u> | | | T'A | 20 | |
| | 200 S. Park Road Suite 150 | | | _ | (*1 | | |
| | HOLLYWOOD | , FL_33021 | | | | | |
| he ch igent vas/w | 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 limite were authorized by an affirmative vote of the member ticles of organization or the operating agreement of | e laws of the ss of the regi ed liability co ers of the lin | State of F stered offi- ompany, it nited liabil | ce and the busine is hereby confirm ity company or as impany. | ss office of the state of the s | the regi change provided | stered (s) |
| | | | | Printed or typed n | | $\frac{1}{2}$ | |
| I here provis he ob o men notifie | sature of a member or authorized representative of a member ehy accept the appointment as registered agent and sions of all statutes relative to the proper and compoligations of my position as registered agent as proverly reflect a change in the registered office addressed in writing of this change. | l agree to ac lete perform vided for in (s, I hereby c | t in this ca ance of my Chapter 60 onfirm tha | • • • | - | iply wii ih and d is heing v has be | h the accept filed een |
| Signati | ure of Registered Agent | | | | | | |