

LIBRARY NO 101

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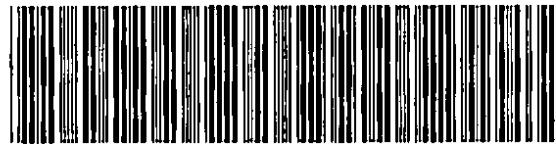
(Business Entity Name)

(Document Number)

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REGISTRATION OF CORPORATIONS

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Re office change

JAN 14 2020

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHVILAX 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:

MIRIT ZELLER

Name of Person

ORB CPA PA

Firm/Company

1000 S PINE ISLAND RD

Address

PLANTATION, FL 33317

City/State and Zip Code

RAZNOF22@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAZ BEZERANO at (305) 680-4716
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

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. Name of the limited liability company:	SHVILAX LLC
2. (a) 117 DUVAL ST	(b) 117 DUVAL ST
Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i>	
APT 200	
KEY WEST, FL 33040	
MAY 02, 2018	
3. Date of filing/registration in Florida	4. Document number
5. (a) RAZ BEZERANO	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
3910 S ROOSEVELT BLVD	
Registered Office Address <i>(MUST BE FLORIDA STREET ADDRESS)</i>	
APT 209S	
KEY WEST, FL 33040	
(b) N/A	
Enter name of <u>NEW</u> Registered Agent and/or <u>NEW</u> Registered Office address:	
117 DUVAL STREET	
NEW Registered Office Address:	
APT 200	
KEY WEST, FL 33040	

FILED
SECRETARY OF STATE
FLORIDA
19 NOV 25 PM 4:18
REGISTRATION OF CORPORATIONS

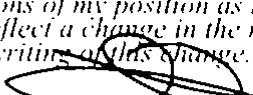
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

RAZ BEZERANO

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby 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