L1600121732

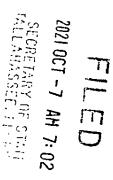
(Requestor's Name)			
(Address)			
, ,			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Certifica copies Certificates of Status			
Special Instructions to Filing Officer:			
\.\			
1 1/2/12/			
10/14/8.			
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
L			





400374362984

10/07/21--01023--004 **25.00



COVER LETTER

Division of Corporations			
ATZMON INVESTMENTS, LLC SUBJECT:			
	me of Limited L	iability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	fice Change and	fee(s) are submitted for filing.	
Please return all correspondence concerning th	is matter to the	following:	
MICHAEL MANSUETO			
Name of Person			
Firm/Company		_ _	
7900 GLADES RD., SUITE 210		_ <u></u>	
Address			
BOCA RATON, FL 33434			
City/State and Zip Code		- 	
ACCOUNTING@MONOPOLY.NET			
E-mail address: (to be used for future and	nual report notif	ication)	
For further information concerning this matter	, please call:		
MICHAEL MANSUETO	954 at (263-4545	
Name of Person	(Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following	g 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. Na	ame of the limited liability company: ATZMON INVES	ТМЕ	NTS	LLC	
2. (a)	ATZMON INVESTMENTS, LLC		(b)	ATZMO	ON INVESTMENTS, LLC
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1536 SW 5th AVE.			1536 SW	V 5th AVE.
	BOCA RATON, FL 33432	_		BOCA F	RATON, FL 33432
	5/15/2018		l	.1800012	11732
3.	Date of filing/registration in Florida	4.	-		Document number
5. (a)	AVRAHAM ATZMON				
). (a)	Registered Agent and Registered Office shown on the records of the ATZMON INVESTMENTS, LLC	he Flo	rida	Dept. of S	tate:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRI	ESS)		
	BOYNTON BEACH , FL	33435	; 		
(b)	MICHAEL MANSUETO				TALL TALL
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	<u>Office</u>	add	ress:	OT -1
	NEW Registered Office Address:				
	7900 GLADES RD., SUITE 210				一
	BOCA RATON , FL	33434	ļ		·
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	regist bility f the l imite	erec cor limi d lis	d office a npany, it ted liabil ability co	and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in
Signal	ture of a member or authorized representative of a member	-			Printed or typed name of signee
I herel provisi the obl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I ha I in writing of this change.	ertor	ma.	nce of m	v duties, and I am familiar with and accept