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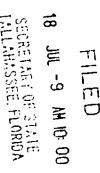
(Requestor's Name)						
(Address)						
(Address)						
(Cit	y/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						
		·				

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07/09/18--01040--011 **175.00



COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	Neider Enterprises LLC					
	Nan	ie of Limited L	liability Company			
Dear Si	ir or Madam:					
The end	closed Registered Agent/Registered Off	ice Change and	I fee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the	following:			
Gary	Neiditch					
	Name of Person					
	Firm/Company					
382 N	IE 191ST STREET #31084					
	Address					
MIAM	II, FL 33179					
	City/State and Zip Code					
clearr	iverassociates@gmail.com					
E	-mail address: (to be used for future ann	ual report noti	fication)			
For fur	ther information concerning this matter,	please call:				
Gary I	Neiditch	201 at (741-4784			
	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS:		AILING ADDRESS:			
	Registration Section	Registration Section				
	Division of Corporations		Division of Corporations			
	Clifton Building		P.O. Box 6327 Tallahassee, Florida 32314			
	2661 Executive Center Circle Tallahassee, Florida 32301	1.	manassee, pionga 52514			
Enclosed is a check for the following amount:						
	2 \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy			
INHS18	8 (2/14)					

1 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. 1	۷a	me of the limited liability company: Neider Enterp	rises LL	.C		
2. (a		Neider Enterprises LLC	(b)	Naider F	Enterprises LLC	
2. (4	′.	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	_ (0)		Aailing address of limited liability company: ### (Note: MAY BE POST OFFICE BOX)	
		520 WEST AVE #1004		382 NE	191ST STREET	
		MIAMI BEACH, FL 33139	_	MIAMI, I	FL 33179	
		06/28/2018		L180001	158745	
3.		Date of filing/registration in Florida	4.		Document number	
5. (a	1)	Timothy Hartmann				
-/. (L	.,	Registered Agent and Registered Office shown on the records of th	ne Florida l	Dept. of State	::	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
		382 NE 19th Street #31084			15 5	
		Miami FL	33179		SECRI ALLA	
(b	(b) Gary Neiditch				FILED BETARY OF AHASSEE, T	
		Enter name of NEW Registered Agent and/or NEW Registered C	Office add	ress:	FILED JUL-9 MID: 00 ALLAHASSEE, FLORIDA	
		NEW Registered Office Address:			DA OO	
		382 NE 19th Street #31084				
		Miami FL_	33179			
the cl agent was/v the ar	nai w ve tic	mited liability company is not organized under the law nge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited liable re authorized by an affirmative vote of the members of cless of organization or the operating agreement of the law of a member or authorized representative of a member.	he regist bility cor the limit imited lia	ered office npany, it is ted liability	and the business office of the registered shereby confirmed that the change(s) company or as otherwise provided in apany.	
Drovi	sir	ly accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I have	ierforma	nce of my a	luties, and I am familiar with and accent	

Signature of Registered Agent