## 4/8000203528

(Requestor's Name)							
(Address)							
(1.00.000)							
(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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## **COVER LETTER**

	gistration Section vision of Corporations		
SUBJECT	Hersh Capital LLC		
	Nan	ne of Limited	Liability Company
Dear Sir or	Madam:		
The enclose	ed Registered Agent/Registered Off	ice Change a	nd fee(s) are submitted for filing.
Please retur	n all correspondence concerning th	is matter to t	ne following:
Dale Hersov	vitz		
	Name of Person	<del></del>	<del></del>
Hersh Capita	al LLC		
<del></del>	Firm/Company	<del></del>	<del></del>
2665 South	Bayshore Drive Ste 220-95		•
	Address	·	<del></del>
Miami Flori	da 33133		
	City/State and Zip Code	·····	····
	accounting@razilien	ice.com	
E-mai	address: (to be used for future ann	ual report no	tification)
For further	information concerning this matter,	please call:	
Dale Hersow	ritz	949 at (	6978813
	Name of Person		Area Code & Daytime Telephone Number
Ma	iling Address:		Street Address:
Re	gistration Section		Registration Section
	rision of Corporations		Division of Corporations
	D. Box 6327		The Centre of Tallahassee
Tal	lahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc	closed is a check for the following	amount:	
	\$25 Filing Fee		\$55 Filing Fee & Certified Copy
INHS18 (2/1	۵۱		- 17

## 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. N	lame of the limited liability company: Hersh Capital LL	С			
2. (a)	2665 Cough Daugham Daine Co. 220 05	(L)			
( <u>-</u> ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limiter		-
	Miami	Miami			
	Florida 33133	Florida	33133		
	08/24/2018	L1800026	03528		
3.	Date of filing/registration in Florida	4,	Document number		····
5. (a	Dale Hersowitz				
J. (a	Registered Agent and Registered Office shown on the records of	the Florida Dept. of S	<del></del> State:		
	2665 South Bayshore Drive Ste 220-95	•			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	<del></del>		
	Miami				
	Florida	32:33	<del></del>	<b>N</b> 2	
	, FI	33133		023	Ę,
<b>(</b> b)	BOLANOS TRUXTON P.A.			2023 MAY	- R
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	<del></del>	<u> </u>	₹₹.
				7	
	BOLANOS TRUXTON P.A.			70	경우
	NEW Registered Office Address:		<del></del>	 	S
	12800 UNIVERSITY DRIVE STE 350			ည်	A A
			<del></del>	_	1
	FORT MYERS FI	33907			
agent was/v the ar	limited liability company is not organized under the law c or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of the street of organization or the operating agreement of the	registered office ability company, i of the limited light	and the business office t is hereby confirmed the lity company or as othe ompany.	of the registe hat the change erwise provide	red v(s)
I her	Phy accent the appointment as vagietaved agent and a	ene ta anti	Printed or typed name of		
the oli to me notific	eby accept the appointment as registered agent and agricons of all statutes relative to the proper and complete oligations of my position as registered agent as provided rely reflect a change in the ragistered office address, I have a few properties of this change.  The of Registered Agent	ee to act in this ci performance of m d for in Chapter 6 hereby confirm thi	apacity. I jurther agree by duties, and I am Jami OS, F.S. Or, if this doc at the limited liability c	e to comply williar with and nument is bein company has b	th the accept g filed een