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	Division of Corporations Fax Number : (850)617-6383		
To:			

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Helps ; 6 2023

Electronic Filing Menu Corporate Filing Menu

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: _____IMOVINA GROUP 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:

JEMIMA ABREU Name of Person

VCORP SERVICES

Firm/Company

25 ROBERT PITT DRIVE , SUITE 204 Address

> MONSEY, NY 10952 City/State and Zip Code

JABREU@VCORPSERVICES.COM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEMIMA ABREU Name of Person

on _____

at (<u>845</u>

) 425-0077 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 amount:

S25 Filing Fee

□ \$55 Filing Fee & Certified Copy

2023-02-15 02:20:36 GMT

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	me of the limited liability company: MOVINA C	ROUP LLC		·			
2.	(a)		(b)_					
		Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Ma	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		385 HAMLET DR		2(1)	2111 FIRST VW			
		DELRAY BEACH, FL 33445		LEANDER, <u>1X 78641</u>				
		11/15/2018		<u> </u>	000267054	-		
3.		Date of filing/registration in Florida	4.	D	ocument number	r		
5.	(a)	Registered Agent and Registered Office shown on the records of t BROWN, ROBERTA Registered Office Address (MUST BE FLORIDA STREET /	pt. of State:					
		385 HAMLET DR			•	202		
		DELRAY BEACH, FL	, 33445				2023 FEB	
	(b)						ភេញ	
(0)	(07	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addre	ffice address:			1 1 1 1	
		Veorp Agent Services, Inc.				<u> </u>	പ	
		<u>NEW</u> Registered Office Address:					•	
		1200 South Pine Island Road						
		Plantation, FL	33324					
cha age was	inge int w s/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o cles of organization or the operating agreement of the	registered o bility comp of the limite	office and th any, it is he d liability c	he business offic ereby confirmed company or as of	e of th that th	e registered e change(s)	
		Isi Avi Frischman		Avi Frisc	hman			
Signature of a member or authorized representative of a member				Pi	rinted or typed name	e of sign	ee .	

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.

Anthony Palazzo, Assistant Secretary 7

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00