L19000082895

(Requestor's Name)								
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(Business Entity Name)								
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C. BRUMBLEY NOV 30 2021

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: HARMONY WEI	DDING	IS A	AND EVENT	S LLC			
(m)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	•	Ma	niling address o (Note: MAY B	f limited l <u>E_POST (</u>	iability co OFFICE	этрапу: <i>ВОХ</i>)
	1720 HARRISON STREET, 17TH FLOOR			1720 HARR	ISON STREE	Т, 17ТН	FLOOR	
	HOLLYWOOD, FLORIDA 33020			HOLLYWO	·			
	MARCH 26, 2019		I	.1900008289	5			
3.	Date of filing/registration in Florida				ocument nui	nber		
5. (a)	Registered Agent and Registered Office shown on the records of a STEVE FUSILIER Registered Office Address (MUST BE FLORIDA STREET)					<u>ئ</u> انس	202	
	7272 HARMONY SQUARE DRIVE					 -	021 NOV 120	-H
	HARMONY, FL 34773 , FL	'					/ 12	
(b)	EYAL MEHABER Enter name of NEW Registered Agent and/or NEW Registered 1720 HARRISON STREE NEW Registered Office Address: SUITE 17A	ress:	·		PH 1: 56	ED ®		
	HOLLYWOOD FI	·	33	020				
chang agent	limited liability company is not organized under the lave or changes are made, the Florida street address of the will be idepoted. Or, in the case of a Florida limited liavere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	vs of t regist ability of the l limite	he S erec cor limi d li	State of Florid office and appany, it is better that the state of the	ne odshiess nereby confir company or any.	med the as other	it the ch	(-)
	1000	ŀ	YΛ	I. MEHABEI	R Printed or types	l name of	sionee	
I here provis the ob- to me notific	nature of a member or authorized representative of a member eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete bligations of my position as registered agent as provided rely reflect is change in the registered office address, I have of kegistered Agent	μετισι	mi	in this capac nce of my du	ity. I further	r agree l m famili	to compl ar with	Lainer Clad
	Division of Corporations • P.O. 1 FILING F	Box 6. EE: S	327 325.	• Tallahass 00	ee, FL 3231	4		