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| (Requestor's Name) |
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| (Address) |
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| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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JUN 29 2020

SECRETARY OF STATE

D. BRUCE AUG 15 2020

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | |
|---|--------------------|--|------------------|------------------------|-------------------|
| Alona Holdings LLC | | | | | |
| SUBJECT: | | | | | |
| 1 | Name of Limited I | Liability Company | | | |
| Dear Sir or Madam: | | | | | |
| The enclosed Registered Agent/Registered | Office Change and | d fee(s) are submitted for filing. | | | |
| Please return all correspondence concerning | this matter to the | following: | | | |
| Haia Meshel | | | | | |
| Name of Person | | <u> </u> | | | |
| Alona Holdings LLC | | | | 2 | |
| Firm/Company | | | 33 333 333 | 020 | |
| 1160 SW 70th Ave | | r r) | RETAIN | JUN 29 | Parameter Company |
| Address | til | | 12 X | ₩ >= | 4 L |
| Plantation, Fl., 33317 | | | | 2020 JUH 29 AM IC: 1,3 | U |
| City/State and Zip Cod | e | | (1) | ົພ | |
| E-mail address: (to be used for future | annual report noti | fication) | | | |
| For further information concerning this mat | ter, please call: | | | | |
| Royi Sher | 857 | 2646116 | | | |
| | at (|) | | | |
| Name of Person | | Area Code & Daytime Telephone Nun | ıber | | |
| Mailing Address: | | Street Address: | | | |
| Registration Section | | Registration Section | | | |
| Division of Corporations P.O. Box 6327 | | Division of Corporations The Centre of Tallahassee | | | |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 | | | |
| Tulianassee, 112 525 14 | | Tallahassee, FL 32303 | | | |
| Enclosed is a check for the follow | ing amount: | | | | |
| ■ \$25 Filing Fee | | 555 Filing Fee & Certified Copy | | | |

INHS18 (2/14)

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 Ma | Alona Holdings I. | | | | | |
|---|---|--|--|---|--|------------------------------------|
| Na (a) | ime of the limited liability company: 1160 SW 70th Ave, Plantation, FL 33317 | | 1160 SW 7 | Oth Ave, Plantation. | | |
| 2. (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (0) | N | dailing address of limi (Note: MAY BE PO | ited liability compa | ny: |
| 3. | (a) 3 1 0. Date of filing/registration in Florida | | L/900 | ∞ 14 753 a |). r | |
| 5. (a) | 6/3/2019 | | | | | |
| (, | Registered Agent and Registered Office shown on the records of Haia Meshel | the Florida | Dept. of State | ; | | |
| | Registered Office Address 1160 SW 70th Ave | ADDRESS) | | | 2020 . SEC: | en jed |
| | Plantation, FL | 33317 | | | 2020 JUN 29 SECRETAR TALLARI | - into |
| (b) | Royi Sher | | | | | |
| (0) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | Office add | ress: | | AM 10: 43 OF STATE SSEELFL | O |
| | 1160 SW 70th Ave | | | | E 5 | |
| | NEW Registered Office Address: | | | | | |
| | Plantation, FL | 33317 | | | | |
| change agent w was/wo the/arti | 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 liagre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the | registered ability core of the limited lia | d office and npany, it is ted liability | the business offichereby confirmed company or as of | ce of the register that the change | red e(s) |
| - | ture of a member or authorized representative of a member | | | Printed or typed name | _ | |
| provisi the obl to mere | by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflection change in the registered office address. It is writing of this change. | ee to act i performa I for in Ci iereby coi | n this capa nce of my d hapter 605, nfirm that th | city. I further agr uties, and I am fai F.S. Or, if this do he limited liability | ree to comply wi miliar with and ocument is being company has b | th the accept g filed een |
| Signatur | re of Registered Agent | | | | | |