## 119000149525

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

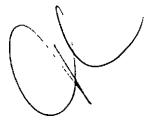
Office Use Only



800417060398

10/11/23--01028--012 ++25.00





## 

TO: Registration Section Division of Corporations		
Law Firm of Carrie B. Kravitz		
SUBJECT:		
	Name of Limited L	iability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	d Office Change and	fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to the	following:
Carrie B. Kravitz		
Name of Person		****
Law Firm of Carrie B. Kravitz		2023 OCT 10
Firm/Company		
1180 N. Federal Highway, Unit 1407		PH 3:5
Address		ب ب
Fort Lauderdale, FL 33304		31
City/State and Zip Co	ode	<del></del>
mckrav13@bellsouth.net		
E-mail address: (to be used for futur	e annual report notil	ication)
For further information concerning this m	atter, please call:	
Carrie B. Kravitz	954	295-1429
Name of Person	at (	) 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 follo	wing amount:	
\$25 Filing Fee	-	55 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.

. (a)		(b)_					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Maili ( <u>N</u> e	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	1407 N. Federal Highway, Unit 1407	[2	407 N. Federa	1407			
	Fort Lauderdale, FL 33304	Fo	Fort Lauderdale, FL 33304				
	6/5/2019	L19	9000149525				
(a)	Date of filing/registration in Florida Carrie B. Kravitz	4.	Doc	ument number			
(a)	Registered Agent and Registered Office shown on the records 14 Minnetonka Road	of the Florida De	pt. of State:	Ę,	2023 OCT	- <del>-</del>	
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)		<del></del>	OCT 10	; il	
	Fort Lauderdale	33308 FL			Pil	 ;	
(b)	Carrie B. Kravitz				3: <b>52</b>	4.···	
	Enter name of NEW Registered Agent and/or NEW Register	red Office addre	<u>ss</u> :				
	1180 N. Federal Highway, Unit 1407						
	NEW Registered Office Address:						
	Fort Lauderdale	33304					
		FL	_ <del>.</del>				
ango ent s s/w art	limited liability company is not organized under the e or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited tere authorized by an affirmative vote of the member icles of organization or the operating agreement of the following authorized representative of a member	he registered of liability comp	office and the pany, it is her d liability co- ility compan	business office by confirmed	e of the rethat the charmise pro	gistered nange(s) ovided in	
Signe	icles of organization or the operating agreement of the	he limited liab	ility compan AYYIC Prin	B. KVA	of signee	dv	

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

Signature of Registered Agent