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(F	lequestor's Name)	
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	JECT: ATZMON BOCA MARINA, LLC Name of Limited Liability Company				
SOBJECT.					
Dear Sir or i	Madam:				
The enclosed	d Registered Agent/Registered Off	ice Change ar	nd fee(s) are submitted for filing.		
Please return	all correspondence concerning th	is matter to th	e following:		
AVRAHA	M ATZMON				
	Name of Person				
ATZMON	LLC				
	Firm/Company				
1200 S FE	EDERAL HWY, #201				
	Address				
BOYNTO	N BEACH, FL 33435				
	City/State and Zip Code	. <u>. </u>			
avia1234(@gmail.com				
E-mail	address: (to be used for future ann	nual report no	tification)		
For further i	nformation concerning this matter.	, please call:			
AVRAHA	M ATZMON	561	8089526		
44	Name of Person		Area Code & Daytime Telephone Number		
Reg Div Clif 266	REET/COURIER ADDRESS: istration Section ision of Corporations from Building 1 Executive Center Circle inhassee, Florida 32301] ;	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314		
Enc	closed is a check for the following	g amount:			
# s	25 Filing Fee	٥	S55 Filing Fee & Certified Copy		
4NHS18 (2/1-	4)				

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.

	nne of the limited liability company: ATZMON BC		
. (a)	Principal office address of limited liability company:	(b)_	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		Nating address of inflied datinly company. (Note: MAY BE POST OFFICE BOX)
	1200 S FEDERAL HWY, #201		1200 S FEDERAL HWY, #201
	BOYNTON BEACH FL 33435		BOYNTON BEACH FL 33435
	06/20/2019	L	19000159972
i.	Date of filing/registration in Florida	- _{4.} -	Document number
. (a)	ATZMON, AVRAHM		
. ()	Registered Agent and Registered Office shown on the records of	the Florida D	ept, of State:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	<u> </u>
	1200 S FEDERAL HIGHWAY		
	BOYNTON BEACH	33435	
	BOYNTON BEACH , FI	-	
د جا د			 *-
(0)	Enter name of NEW Registered Agent and/or NEW Registered	l Office addr	
			_*
	ATZMON, AVRAHAM		
	NEW Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	1200 S FEDERAL HIGHWAY, # 201		
	BOYNTON BEACH, FI	33435	
he cha gent v vas/w he art	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ws of the S f the registe iability con of the limit	tate of Florida, it is hereby confirmed that after red office and the business office of the registered spany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
l here provize he ib mer	ly accept the appointment as registered agent and age lines of all statutes relative to the proper and complete lineations of my position as registered agent as provide cly reflect a change in the registered office address, I d in writing of this change.	ree to act is performan a for in Ch hereby con	this canacity. I further agree to comply with the

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