L19000 208 224

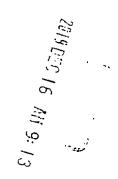
(Requestor's Name)					
(Ad	dress)				
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(Cit	y/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
L FICK-OF	☐ ₩	☐ WAIL			
(Bu	siness Entity Nam	e)			
(Do	cument Number)	<u>. </u>			
Certified Copies	_ Certificates	of Status			
Special Instructions to	Eiling Officer				
Special Instructions to Filing Officer:					
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Office Use Only



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R. WHITE JAN 1 6 2020



December 12, 2019

Registration Section Florida Division of Corporations PO Box 6327

Tallahassee, FL 32314

RE: Change of Principal Address and Mailing Address Address L19000208224

To Whom This May Concern:

I was not sure if the enclosed form was to include the current principal address or the address I would like to change it to. For clarity, the current Address for Avri S. Ben-Hamo, PLLC is:

16776 Burlington Bristol Lane Delray Beach, FL 33446

I am requesting that the new principal address and mailing address be changed to:

160 NW 4th Street Boca Raton, FL 33432

Should you have any questions or concerns, please give me a call at (561)777-5597 or email me at avri@benhamolaw.com.

Sincerely,

Avri Ben-Hamo, Esq.

COVER LETTER

· TO: Registration Section

INHS18 (2/14)

Divi	sion of Corporations					
ern mer	Avri S. Ben-Hamo, PLLC					
SUBJECT:	Name of Limited Liability Company					
Dear Sir or N	Aadam:					
The enclosed	Registered Agent/Registered	Office Change a	nd fee(s) are submitted for filing.			
Please return	all correspondence concerning	ng this matter to th	ne following:			
Avri Ben-Har	no					
	Name of Person	· <u></u>				
Avri S. Ben-F	lamo, PLLC d/b/a Ben-Hamo La	ıw				
	Firm/Company	<u> </u>				
160 NW 4th 5	Street					
	Address					
Boca Raton, I	FL 33432					
	City/State and Zip Co	ode				
avri@benham	nolaw.com					
E-mail	address: (to be used for future	e annual report no	tification)			
For further i	nformation concerning this ma	atter, picase call:				
Avri Ben-Har	no	561 at (777-5597			
	Name of Person		Area Code & Daytime Telephone Number			
Reg Div P.O	iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enc	losed is a check for the follo	wing amount:				
X s	25 Filing Fee	0	\$55 Filing Fee & Certified Copy			

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.

Nai	ne of the limited liability company: Avri S. Ben-Hamo,	, PLLC		
a) _	160 NW 4th Street, Boca Raton, FL 33432		b) 169	60 NW 4th Street, Boca Raton, FL 33432
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)
		_		
	August 20, 2019		L190	9000208224
	Date of filing/registration in Florida	4.		Document number
a)	Avri Ben-Hamo			
,	Registered Agent and Registered Office shown on the records of the	he Flori	ia Dep	ept. of State:
	Registered Office Address (MUST BE FLORIDA STREET A. 16776 Burlington Bristol Lane	DDRE.	<u>5S)</u>	2019
	Delray Beach	33446		
				<u> </u>
b)	Avri Ben-Hamo			::-
	Enter name of NEW Registered Agent and/or NEW Registered (Offic <u>e</u> :	ddres	<u>ss:</u>
	NEW Registered Office Address:			
	160 NW 4th Street			
	Boca Raton, FL_	33432		
nge nt we artic	mited liability company is not organized under the law or changes are made, the Florida street address of the real point of the liability of the authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law accept the appointment as registered agent and agreems of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I he	registe bility of the limited in the limited	red of comparison of the compa	office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in the change of the registered pany. Printed or typed name of signee this capacity. I further agree to comply with

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