

L19 060 270 497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

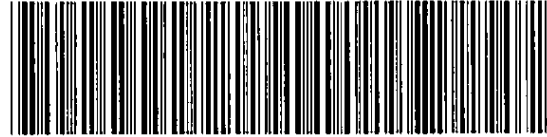
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 5/9/2023

PRIORITY Regular Approval

OUR REF # (Order ID#) 1144996

ORDER ENTITY
MULTI-ROLE WOMAN LLC

PLEASE PERFORM THE FOLLOWING SERVICES:
MULTI-ROLE WOMAN LLC (FL)

File the attached change of agent document

NOTES:
\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "Wd".

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STATE DEPT OF STATE
TALLAHASSEE, FL

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**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. Name of the limited liability company: MULTI-ROLE WOMAN LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
9559 COLLINS AVE., APT. 805-S
SURFSIDE, FL 33154

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
9559 COLLINS AVE., APT. 805-S
SURFSIDE, FL 33154

3. 10/29/2019 Date of filing/registration in Florida 4. L19000270497 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
LEVINE & FELLIG, P.A.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
927 LINCOLN RD., STE 200
MIAMI BEACH, FL 33139

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

SHAINA SCHOCHET
NEW Registered Office Address:
1025 NE 3RD ST
HALLANDALE BEACH, FL 33009

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SECRETARY OF STATE
TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member Jon Abrams Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent Shaina

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