120000	117352
(Requestor's Name) (Address) (Address)	800392605448
(City/State/Zip/Phone #)	08/18/2201018002 ++25.00 22 AUG 16 AH 9: 28 28
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COVER LETTER

TO: Registration Section Division of Corporations

Mak Holdings Group LLC

SUBJECT: _____

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aldo Ojeda

Name of Person

Firm/Company

2310 n armenia ave

Address

tampa, fl 33907

City/State and Zip Code

matan912@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matan Klaff	747 3337982 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

Enclosed is a check for the following amount:

S25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

<u>،</u> ،

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.

Na	me of the limited liability company:	-			
(a)	100 s ashley dr	C	b) <u>100 s ast</u>	hley dr	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	、	•,	Mailing address of 1	imited liability compan POST OFFICE BOX
	ste 600		stc 600		
	tampa, fl 33602		tampa, fl	33602	
	4/30/2020		L2000011	7352	
	Date of filing/registration in Florida	4 .		Document num	ber
(a)	aldo ojeda				
()	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of St	ate	
	2310 n armenia ave				
	2310 n armenia ave Registered Office Address <u>(MUST BE FLORIDA STREET</u>	ADDRES	<u>S</u>		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u></u>		
(b)	Registered Office Address (MUST BE FLORIDA STREET		<u>\$</u>		22 AUG
(b)	Registered Office Address <u>(MUST BE FLORIDA STREET</u> tampa, F	L ³³⁶⁰²			22 AUG 16
(b)	Registered Office Address MUST BE FLORIDA STREET tampa	L ³³⁶⁰²		 	22 AUG 16 AM 9:
(b)	Registered Office Address MUST BE FLORIDA STREET tampa	L ³³⁶⁰²			16 16

Signature of a member or authorized representative of a member

Printed or typed name of signee

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.

Matan Klaff

Signature of Registered Agent

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