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(Re	equestor's Name)							
(Address)								
(Address)								
(Ci	ty/State/Zip/Phone	e #)						
PICK-UP	MAIT	MAIL						
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								
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Office Use Only



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COVER LETTER

Division of Corporations	
BENAN LLC SUBJECT:	
	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter t	o the following:
ISMAIL VEYSELOGLU	
Name of Person	
BENAN LLC	
Firm/Company	
22831 CHELSEA WOOD CT	
Address	-
BOCA RATON, FL. 33433	
City/State and Zip Code	
info@benanus.com	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please ca	H:
ISMAIL VEYSELOGLU 757	7 515-4025
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:	, 1
□ \$25 Filing Fee	□ \$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.

1. N	ame of the limited liability company: BENAN LLC			<u>.</u>			<u>.</u>		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ((b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
3.	Date of filing/registration in Florida	4.	L20000	Document	number				
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept, of State: 21574 VILLA NOVA DR. BOCA RATON, FL 33433								
	Registered Office Address (MUST BE FLORIDA STREET A)		<u></u>						
(b)	ISMAIL VEYSELOGLU Enter name of NEW Registered Agent and/or NEW Registered (ddress:		-	2			
	NEW Registered Office Address: 22831 CHELSEA WOOD CT.				EF, FL	PH 12: 30	يا با ومعدد الاست		
	BOCA RATON, FL	33433			•	_			
chang agent was/w	limited liability company is not organized under the laws e or changes are made, the Florida street address of the re will be identical. Or, in the case of a Florida limited liab were authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	egister oility c the lit	red offic ompany mited lia	ce and the busine t, it is hereby con ability company	ess office on the confirmed th	of the r at the	registered change(s)		
	ature of a member or authorized representative of a member			SMAIL. Printed or ty	UEYS	<u>520</u>	BU		
I here provis the ob to men notifie	ature of a member or authorized representative of a member why accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete pulications of my position as registered agent as provided prely reflect a change in the registered office address. I he din writing of this change.	e to ac erforn for in ereby c	t in this tance of Chapter confirm	capacity. I furt	her avree	to con	inly with the		