L20000156664

(Re	questor's Name)	<u> </u>		
(Ad	ldress)			
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·		
(Cit	ry/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Do	cument Number)			
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer.				

Office Use Only



100413345651

08/07/23--01969--092 **35.00

ENTER STATE OF STATE

08/07/23

COVER LETTER

_	istration Section sion of Corporations						
SUBJECT:	We R Florida LLC						
	Name of Limited Liability Company						
Dear Sir or I	Madam:						
The enclosed	d Registered Agent/Registered	d Office Change an	d fce(s) are submitted for	filing.			
Please return	all correspondence concernit	ng this matter to the	c following:				
Lori Fein							
	Name of Person						
We R Florida	a LLC dba R Florida			7.5			
	Firm/Company						
78 SW 7th S	treet, 07-105			SSE PH			
	Address			2: 12 STATE E.FL			
Miami, FL 3	3130			1.1			
	City/State and Zip Co	ode					
Lori@weRfl	.com						
E-mail	address: (to be used for futur	e annual report not	ification)				
For further i	nformation concerning this m	atter, please call:					
Lori Fein		305 at (349-3316				
	Name of Person		Area Code & Daytime	: Telephone Number			
Reg Div P.O	iling Address: gistration Section vision of Corporations b. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe St Tallahassee, FL 322	ations hassee reet, Suite 810			
Enc	losed is a check for the follo	wing amount:					
≅ S	25 Filing Fee	0	\$55 Filing Fee & Certified	d 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.

2. (a)	13499 Biscayne Blvd, C106J, North Miami, FL 33181	(b	13499 Biscayne Blvd, C106J, North Miami, FL 33181
,. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	06/12/2020		L20000156664
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	We R Florida LLC	••	·
/. (u)	Registered Agent and Registered Office shown on the records of	the Florida	a Dept. of State:
	BARR MARKOWITZ, HILLARY		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u>Si</u>
	13499 Biscayne Blvd C106J		
	North Miami F	L 33181	7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(b)	78 SW 7th Street 07-105, Miami, FL 33130		2: 12 STATE E. FL
	Enter name of NEW Registered Agent and/or NEW Registere	d Office ad	Idress:
	78 SW 7th Street 07-105.		
	NEW Registered Office Address:		
	Miami . F	L_33130	
change agent v was/we	imited liability company is not organized under the la for changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited le ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registero lability co of the lim	red office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
	ni fein	Lori	i Fein
	ture of a member or authorized representative of a member		Printed or typed name of signee
I here provisi the obi to mer	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act performe ed for in C hereby co	t in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been
пощие	· · · · · · · · · · · · · · · · · · ·		