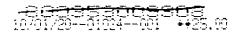
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Ment

Rocco J. Labella, Esq. rlabella@ferrolabella.com

PLEASE RESPOND TO THE NEW JERSEY OFFICE

NEW JERSEY OFFICE

The Landmark Building
27 Warren Street, Suite 201
Hackensack, NJ 07601
P 201.489.9110 { F 201.489.5653

NEW YORK OFFICE

1025 Westchester Avenue Suite 106 White Plains, NY 10604 P 914.358.4934 ] F 914.358.4935

FERROLABELLA.COM

September 29, 2020

## VIA FEDERAL EXPRESS

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ASHE ENTERPRISES LLC (the "Company")

Dear Sir or Madam:

Enclosed for filing is a completed Statement of Change of Registered Office for Limited Liability Company in connection with the above Company. Kindly file the same and return a filed copy of the document to this office in the envelope provided. Also enclosed is this firm's check in the amount of \$25 in payment of the applicable fees.

Please contact me if you have any questions.

Very truly yours,

Rocco J. Labella

RJL/jjr Enels.

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJI	ASHE ENTERPRISES LLC				
		Name of Limited Liability Company			
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered C	Office Change a	nd fee(s) are submitted for filing.		
Please	return all correspondence concerning	this matter to the	ne following:		
MHOL	J. RIBARICH				
	Name of Person		<del></del>		
FERRO	O LABELLA & WEISS L.L.C.				
	Firm/Company		<del></del>		
27 WA	RREN STREET SUITE 201				
	Address				
НАСК	ENSACK, NEW JERSEY 07601				
	City/State and Zip Code		<del></del>		
CONT	V@AOL.COM				
13	-mail address: (to be used for future a	innual report no	tification)		
For fur	ther information concerning this matt	er, please call:			
JOHN	J. RIBARICH	201 at (	489-9110 )		
	Name of Person		Area Code & Daytime Telephone Number		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the followi	ng amount:			
	■ \$25 Filing Fee	ū	\$55 Filing Fee & Certified Copy		
INHS18	8 (2/14)				



## 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:  ASHE ENTERF	PRISES LLC	HOLLOW ENGLEWOOD ALIGNA
2. (a	9 376 TRYON AVENUE, ENGLEWOOD, NJ 07631  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) 376 IR	YON AVENUE, ENGLEWOOD, NJ 07631  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
3.	AUGUST 24, 2020  Date of filing/registration in Florida	L2000026	Document number
5. (	a) VIRGINIA CONTRERAS  Registered Agent and Registered Office shown on the records of	of the Florida Dept. of St	ate:
	Registered Office Address (MUST BE FLORIDA STREET) 3956 TUMBLEWOOD TRAIL, APT. 203	T ADDRESS)	
(t	TAMPA , F		2020 OCT - 1
(ι	Enter name of NEW Registered Agent and/or NEW Registere		Pii 4: 07
	NEW Registered Office Address: 11111 BISCAYNE BLVD., APT. 1205		_
	MIAMI, F	FL_33181	<del>-</del> _
chan agen was/	elimited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	ne registered office a liability company, it s of the limited liabil se limited liability co	and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany.
	1/(MM/1\)	VIRGINIA CO	ONTRERAS, MEMBER
I her prove the o to mo notifi	nature of a member or authorized representative of a member reby accept the appointment as registered agent and agistions of all statutes relative to the proper and complete bligations of my position as registered agent as providerely reflect a change in the registered office address, I sed in writing of this change.	gree to act in this ca e performance of my led for in Chapter 60 I hereby confirm tha	Printed or typed name of signee pacity. I further agree to comply with the valuties, and I am familiar with and accept 95, F.S. Or, if this document is being filed at the limited liability company has been