



Division of Corporations Electronic Filing Cover Sheet

Electronic Filing Cover Sheet

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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC. Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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## 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.

a)			(b	)	
(a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			, <u></u>	Mailing address of limited liability company: ( <u>Note: MAY BE POST OFFICE BOX</u> )
	16051 COLLINS AVE, 2004			16051 CO	LLINS AVE, 2004
	SUNNY ISLES BEACH. FL 33160			SUNNY I	SLES BEACH, FL 33160
	01/06/2021			121000019	057
	Date of filing/registration in Florida	4.			Document number
(a)	Registered Agent and Registered Office shown on the records of	the Flori	ida	Dept. of Stat	 te:
	JOSE PEISACH				-
	Registered Office Address (MUST BE FLORIDA STREET	Vis_			
	16051 COLLINS AVE, 2004				
	SUNNY ISLES BEACH, FI				SEUCHANASSEE
					ESS F
b)	Enter name of NEW Registered Agent and/or NEW Registere	4.097.00		dross-	SEE F
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	a Onee	au	<u>aress</u> .	Frss H
	SALFORD CORPORATE SERVICES INC.	FILED L 22 AM II: 04 Assec. FLORIDA			
	NEW Registered Office Address:				
	20803 Biscayne Blvd. Suite 405	<del></del>			
	Aventura	33180	•	<u> </u>	_
nga nt v :/w	imited liability company is not organized under the la e or changes are made, the Florida street address of th will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	tws of the regist is ability of the limited li	he er cc lin d l	State of Fl ed office ar ompany, it nited liabili liability con	lorida, it is hereby confirmed that after nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided i mpany.
	pro	]( 	0.24	ph Panholz	er, Attorney-in-Fact
-	ture of a member or authorized representative of a member				Printed or typed name of signee
vis ob ver	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provid ely reflect a change in the registered office address, l d'in writing of this change. Joseph Par	e perjor ed for i hereby	-m. n (	Chanter 60	S F.S. Or. if this document is being f

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