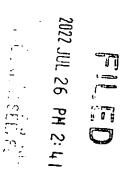
## 

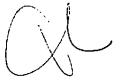
(Re	equestor's Name)	
(Ad	ldress)	<del></del>
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<b>(</b>	<b>,</b>	
	10: 10:	
(Cit	ty/State/Zip/Phone	#)
☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Dc	cument Number)	
(50	reament reamber,	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
operat mondenent to	· ····································	
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97,24,22-99,02-600 (40/4,17





## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJE	FEYGIN URMAN KOGAN, LLC					
	Name o	f Limited I	Liability Company	_		
Dear S	ir or Madam;					
The en	closed Registered Agent/Registered Office (	Change and	d fee(s) are submitted for filing.			
Please	return all correspondence concerning this m	atter to the	following:			
GALIN	IA URMAN					
	Name of Person		<del>_</del>			
URMA	N LAW GROUP, P. A.					
	Firm/Company		<del></del>			
1930 H	ARRISON STREET, SUITE 208				2(	
	Address		<del></del>	•	)22 JI	
HOLL'	YWOOD, FL 33020			;	2022 JUL 26 PH 2: 4	
	City/State and Zip Code		<del></del>		6 <b>P</b>	{ [
GALIN	IA@URMANLAWGROUP.COM			<u>-</u> :	رن ح	-
E	-mail address: (to be used for future annual	report noti	fication)	`	=	
For fur	ther information concerning this matter, plea	ase call:				
GALIN	A URMAN	248 at (	214-1185			
	Name of Person		Area Code & Daytime Telephone Numb	_ ber		
	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 following am	ount:				
	■ \$25 Filing Fee	<b>□</b> \$	555 Filing Fee & Certified Copy			

INHS18 (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.

I. N	ame of the limited liability company: FEYGIN URMA	N KOC	JAN	N, LLC					
2. (a)	1930 HARRISON STREET, SUITE 208		(b	1800 S C	OCEAN DR., SU	ITE 31	08		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0	,	Mailing address (Note: MAY)		•		v:
	HOŁLYWOOD, FL 33020			HALLA	NDALE BEACH	I, FL 3.	3009	<del></del> .	
	02/01/2021	<u> </u>		L2100005	5104		<del>-</del>		
3.	Date of filing/registration in Florida	4.			Document nu	ımber			
5. (a)	URMAN LAW GROUP, P.A.								
. (.,	Registered Agent and Registered Office shown on the records of 501 GOLDEN ISLES DR.	the Flor	rida	Dept. of St	ate:				
	Registered Office Address (MUST BE FLORIDA STREET SUITE 206C	<u>ADDRI</u>	ESS	<u>.</u>	_			20	
	HALLANDALE BEACH	L_33009	)				<u>-</u> -	2022 JUL	<del>ساتا</del> غ
(b)	URMAN LAW GROUP, P.A.						<u>.</u>	լ 26	 535
(-)	Enter name of NEW Registered Agent and/or NEW Registered	d Office	ado	dress:	<del></del>			PH	4 t
	1930 HARRISON STREET				_		(P)	‡ 2: t	
	NEW Registered Office Address;							_	
	SUITE 208								
	HOLLYWOOD, FI	_33020	)		_				
change agent v was/w	limited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	e regist ability of the l limite	ere cor imi d li	d office a mpany, it ited liabil.	nd the business is hereby confi ity company or mpany. IAN	office rmed t as oth	of the re hat the c erwise p	egistere hange(s	d s)
Signa	hare of a member or authorized representative of a member				Printed or types	d name (	of signee		_
provis the obt to mer notifie	hy accept the appointment as registered agent and agnions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I did writing of this change	ree to a perfor d for it hereby	ict ma n C v co	in this cap ince of my hapter 60 nfirm thad	pacity. I furthe duties, and I a )5, F.S. Or, if th t the limited lia.	r agreo m fam his doc bility c	e to com iliar with rument is company	ply with 1 and ac 1 being j has bee	i the ccept filed en