## L21000112937

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## **COVER LETTER**

7 :

TO: Registration Section Division of Corporations							
Forestwood Investments FL LLC SUBJECT:							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this	is matter to the following:						
David Heching							
Name of Person							
Forestwood Investments FL LLC							
Firm/Company							
4 Brighton Road Suite							
Address							
204 Clifton NJ 07012							
City/State and Zip Code							
DAVID@FORESTWOODINVEST.COM							
E-mail address: (to be used for future ann	nual report notification)						
For further information concerning this matter,	please call:						
Vania Perrelli	708 3697811 at ( )						
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 following amount:							
■ \$25 Filing Fee	☐ \$55 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.

1. Na	ame of the limited liability company: Forestwood In	vestment	s FL I	LC ———	
2. (a)	4 Brighton Road Ste 204 Clifton NJ 07012		(b)	4 Brighton	Road Ste 204 Clifton NJ 07012
(,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			٨	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4 Brighton Road Ste 204 Clifton NJ 07012		-	4 Brighton 1	Road Stc 204 Clifton NJ 07012
	03/09/2021	<del></del>	L.	210001129:	37
3.	Date of filing/registration in Florida	<del></del> 4.	_	1	Document number
د. ر خ	David Heching				
5. (a)	Registered Agent and Registered Office shown on the records	:			
	11900 N Bayshore Drive c/o Jade Capita Suite 100			·	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	11900 N Bayshore Drive c/o Jade Capita Suite 100			S. D.	
	Miami	FL_3381	7		2024 OCT -2 P SECRETARY
(b)	Avraham Sharaby				-2 -2
	Enter name of NEW Registered Agent and/or NEW Register	red Offic	e addr	<u>ess</u> :	300 P
	Avraham Sharaby				ACCEPTED TO THE PROPERTY OF TH
	NEW Registered Office Address:				<u>-</u>
	11900 N Bayshore Drive c/o Jade Capita Suite 100				
	Miami	, FL	7		
change agent v was/we the arti Signa	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membericles of organization or the operating agreement of the true of a member or authorized representative of a member by accept the appointment as registered agent and	the regist liability rs of the the limite	tered y com limited lia David	office and pany, it is ed liability bility completening at this capa	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.  Printed or typed name of signee city. I further agree to comply with the
provisi the obl to mero notified	ions of all statutes relative to the proper and completigations of my position as registered agent as provided reflect a change in the registered office address, din writing of this change.	ele perfo	rman	ce of my d	uties, and I am familiar with and accept
Signatu	re of Registered Agent				
	Division of Corporations P.0 FILING	O. Box 6			see, FL 32314