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(Requestor's Name)						
(Address)						
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(=,						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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SECRETARY OF STATE
TALLARY SSEE, E.

Jan 0 7 .

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	Name of Limited Liability Company						
501331							
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 concernin	g this matter to the	e following:				
Avri Be	en-Hamo						
	Name of Person						
Ben-Ha	nmo Law, PLLC						
	Firm/Company						
2701 N	W 2nd Ave. Suite 207						
	Address						
Boca R	taton, FL 33431						
-	City/State and Zip Co	-de					
mydalis	salopez@hotmail.com						
13	-mail address: (to be used for future	annual report noti	ification)				
For fur	ther information concerning this ma	itter, please call:					
Myda I	Lopez	646 at (704-1834				
	Name of Person	u (Area Code & Daytime Telephone Number				
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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 follow	wing amount:					
	■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy				
INHS1	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. Na	me of the limited liability company: 807 REEF POINT	CIRCLE I	LLC		
	9817 Montpellier Dr., Delray Beach, FL 33446	(b)			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Ν	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	05/13/2021	 1.	210002225	88	
3.	Date of filing/registration in Florida	4.		Document numb	per
5 (4)	Ben-Hamo Law, PLLC				
5. (a)	Registered Agent and Registered Office shown on the records of t	- ::	. 21		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			POZI DEC 2 SECRETA	
	2701 NW 2nd Ave., Suite 118				C 2
	Boca Raton, FL	33431			250 = 11
(1.)	Ben-Hamo Law, PLLC				M 9: 12
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>		7 7		
				-	
	NEW Registered Office Address:				
	2701 NW 2nd Ave., Suite 207			-	
	Boca Raton, FL	33431		_	
change agent v was/wo	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	registered bility con f the limit limited lia	office and pany, it is ed liability	I the business of hereby confirm company or as	fice of the registered ed that the change(s)
Sienal	tyre of a member or pathogized representative of a member			Printed or typed na	ame of signee
I herei provisi the obl to mere	by accept the appointment as registered agent and agree of all statutes relative to the proper and complete parties of an expression as registered agent as provided by reflect a change in the registered office address. In a lineariting of this change.	performat	ice of my a	icity. I further a luties, and I am	gree to comply with the familiar with and accept