L21000229012

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Section

SUBJECT:						
Nar	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Off	fice Change a	nd fee(s) are submitted for filing.				
Please return all correspondence concerning th	nis matter to tl	ne following:				
Avri Ben-Hamo						
Name of Person						
Ben-Hamo Law, PLLC						
Firm/Company						
2701 NW 2nd Ave. Suite 207						
Address						
Boca Raton, FL 33431						
City/State and Zip Code						
mydalisalopez@hotmail.com						
E-mail address: (to be used for future and	nual report no	tification)				
For further information concerning this matter	, please call:					
Myda Lopez	646 at (704-1834				
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	g amount:					
■ \$25 Filing Fee	ت	\$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. N	ame of the limited liability company: 9511 BOCA GA	RDENS CIRCLE	E SOUTH, LLC
2. (a)	9817 Montrollier Dr. Dulray Reach El 33446	(b)	
(<i>)</i>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	05/13/2021	1.2100	00229012
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Ben-Hamo Law, PLLC		
. (u)	Registered Agent and Registered Office shown on the records o	f the Florida Dept.	of State:
			\$ 20 :
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	2021 DEC SECKE
	2701 NW 2nd Ave., Suite 118		
	Boca Raton	33431	2 7
(b)	Ben-Hamo Law, PLLC Enter name of NEW Registered Agent and/or NEW Registere	d Office address:	OF STATE
	NEW Registered Office Address:		
	2701 NW 2nd Ave., Suite 207		
	Boca Raton F	I. <u>33431</u>	
change agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited latere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered offi iability compan of the limited li	ice and the business office of the registered y, it is hereby confirmed that the change(s) iability company or as otherwise provided in y company.
Sign	attre of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mer notifie	by accept the appointment as registered agent and ag ions of all statules 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 d'in writing afthis change.	z performance a ed for in Chapte	of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed
Signati	ure of Registered Agent		

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