LZ1000335409

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SECRETARY OF STATE

COVER LETTER

	stration Section sion of Corporations		
SUBJECT:	19700 NE 22 AVE LLC		
		ame of Limited Lia	ability Company
Dear Sir or N	Madam:		·
The enclosed	d Registered Agent/Registered C	office Change and f	ee(s) are submitted for filing.
Please return	all correspondence concerning	this matter to the fe	ollowing:
Lior Raviv			
	Name of Person		_
Proprties Hu	b Network		
	Firm/Company	,	_
420 S. Dixie	Highway		
\	Address		
Hallandale B	leach, Florida, 33009		
	City/State and Zip Code	:	_
lior@ravivca	pital.com		
E-mail	address: (to be used for future a	nnual report notific	cation)
For further in	nformation concerning this matte	er, please call:	
Lior Raviv		954 at (477 - 7707
	Name of Person		Area Code & Daytime Telephone Number
Reg Divi P.O.	iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Encl	losed is a check for the following	ng amount:	
5 \$2	25 Filing Fee	□ \$5.	5 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	ume of the limited liability company: 19700 NE 22 A	VE LLC	
2. (a)	420 S. Dixie Highway	(b)	420 S. Dixie Highway
. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	()	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Hallandale Beach, Florida, 33009		Hallandale Beach, Florida, 33009
	7/22/2021	 L:	21000335409
i.	Date of filing/registration in Florida	4.	Document number
5. (a)	Lior Raviv		
. (u)	Registered Agent and Registered Office shown on the records of 940 W. Bay Harbor Drive, #203	the Florida I	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	Bay Harbor Islands	33154	
(b)	Lior Raviv		TEST. T
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	TO THE PERSON OF	
	9400 W. Bay Harbor Drive, #203		To The second se
	NEW Registered Office Address:		MOI NUG 12 AH 10: 48 SECRETARY OF STATE TALLAND SSEC. TO STATE TO SECRETARY OF STATE TO
	Bay Harbor Islands	33154	
hange gent v vas/we	imited liability company is not organized under the late or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members cles of organization or the operating agreement of the	registered ability com of the limit	office and the business office of the registered apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company.
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi he obl o mere	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address. It in writing of this change	nertornan	ice of my duties, and I am familiar with and accept
Signatu	re of Registered Agent		