## L21000353054

(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									

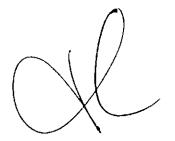
Office Use Only



600436461936

[H. 15, [14-6] | Ad--(14) | 4 × 25. 3

2024 SEP 16 AM II: 14



## COVER LETTER

	ì					
TO:	Registration Section Division of Corporations					
SUBJ	ECT: EMMN Property Management LLC					
		mited	Liability Company		_	
Dear :	Sir or Madam:					
The e	nclosed Registered Agent/Registered Office Cha	nge a	nd fee(s) are submitted for filing.			
Please	return all correspondence concerning this matte	 ητο tl	ne following:			
Elad T	`al					
	Name of Person	-	<del></del>			
EMM	N Property Management LLC					
	Firm/Company	1	<del></del>			
Nafam	at 6					
	Address	$\overline{}$				
Haifa,	Israel, 3467014			€.	21	
	City/State and Zip Code			<u> </u>	)24 S	
eladtal	9@gmail.com			LAW	2024 SEP 16	CONTRACT CON
	i-mail address: (to be used for future annual repo	rt no	tification)	(0.5)		FAIR
For fu	rther information concerning this matter, please	call:		EE, F	AH ::	
Elad 1	al (	05 <b>0</b>	) 813-1000	177	<u>ر</u>	
	Name of Person		Area Code & Daytime Teleph	none 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, Su Tallahassee, FL 32303	iite 810		
	Enclosed is a check for the following amoun	t:				
	S25 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: EMMN Pro	perty Managemen	n LLC			
2. (a)		(b)				
	Principal office address of limited liability compan ( <u>Note: MUST BE STREET ADDRESS</u> )	y:	Mailing addre ( <u>Note: M</u> A	ess of limited lial IY BE POST OF	bility company:	
	Na'amat 6		Na'amat 6			
	Haifa, Israel, 3467014	 	laifa, Israel, 3467014			
	08/05/2021	1.:	21000353056			
3.	Date of filing/registration in Florida	4.	Document	number		
5. (a)	Elad Tal					
(b)	Registered Agent and Registered Office shown on the reco 5236 Ricker Rd	ords of the Florida D	Pept, of State:	31. 1.	8	
	Registered Office Address (MUST BE FLORIDA STE	REET ADDRESS)		2024 SEP 16		
	Jacksonville	32210 FL		S	(FRE)	
	Elad Tal			AM II: I4 OF STATE SEE, FL		
	Enter name of NEW Registered Agent and/or NEW Regi	istered Office addr	ess:	/*; +		
	765 Hazelmoor Lane					
	NEW Registered Office Address:					
	Ponte Vedra	32081				
change agent v was/w	imited liability company is not organized under the or changes are made, the Florida street address will be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the membicles of organization or the operating agreement of	of the registered ted liability com bers of the limite	office and the busing pany, it is hereby co and liability company	ess office of to infirmed that t	he registered the change(s)	
	EladTd	Elad T	al			
Signa	ture of a member or authorized representative of a member	_	Printed or ty	yped name of sig	nce	
provisi the obl to mer	hy accept the appointment as registered agent an ions of all statutes relative to the proper and comfigations of my position as registered agent as provided reflect a change in the registered office address of this change.  A. J.	d agree to act in plete performan ovided for in Ch ss. I hereby con,	o this capacity. I fur ce of my duties, and apter 605, F.S. Or., firm that the limited	ther agree to I am familiar if this docume liability comp	comply with the with and accept ent is being filed oany has been	
Signatu	EladTd  ure of Registered Agent	_				