## L22000176474

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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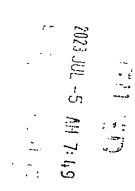
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S. CHATHAM AUG 1 3 2023

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## 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.

2501 S OCEAN DR APT 1414		(b) 2501 S OCEAN DR APT 1414  Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)		
Principal office address of limite (Note: MUST BE STREE				
HOLLYWOOD, FL 33019		H	OLLYWOOD, FL 3,	3019
04/12/2022	Park to de la		2000176474	
Date of filing/registratio	n in Florida	4.	Document	l number
Registered Office Address	BE FLORIDA STREET	1DDRESS)		
		12010		
HOLLYWOOD	, FL	33019		90 As
LEONID SIZOV	, FL	33019		2023 JU
L FONID SIZOV			<u>w</u> :	2023 JUL -5 A
LEONID SIZOV			<u>SS</u> :	2023 JUL -5 AH 7.
LEONID SIZOV  Enter name of NEW Registered Agent			<u>vv</u> :	2023 JUL -5 AH 7:49

the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member	LEONID SIZOV		
	Printed or typed name of signee		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent	

## COVER LETTER

Division of Corporations		
HOSTING GALLERY LLC		
101511C.11	Name of Limited L	iability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the	following:
LEONIÐ SIZOV		
Name of Person		
Firm/Company		
1200 FOURTH STREET # 1079		
Address		<del></del>
KEY WEST, FL 33040		
City/State and Zip Coo	le	<del></del>
leonid@leonid.info		
E-mail address: (to be used for future	annual report notif	ication)
For further information concerning this ma	tter, please call:	
Dmitriy Meleshko	847	279-8448
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 follow	ing amount:	
■ \$25 Filing Fee	CI \$	55 Filing Fee & Certified Copy