123000039117

(Requestor's Name)							
(Address)							
(Addless)							
(Address)							
(City/State/Zip/Phone #)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAH	_						
(Business Entity Name)							
(Document Number)							
•							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
Openial instructions to 1 ming Officer.							
J. HORNE	-						
J. HORNE OCT 25 ~~	-						
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Office Use Only



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10/16/23--01023--011 **25.00



	tion Section of Corporations						
Da SUBJECT:	vid Development, LLC						
JOBSECT.	Name of Limited Liability Company						
Dear Sir or Mad	am:						
The enclosed Re	gistered Agent/Registered Office	Change and	d fee(s) are submitted for filing.				
Please return all	correspondence concerning this n	natter to the	following:				
Valerie Kaye							
·	Name of Person						
Prestige Motor C	ar Imports, LLC						
	Firm/Company						
14800 Biscayne I	Blvd						
	Address						
North Miami Bea	ich, FL 33181						
	City/State and Zip Code						
valerie@prestige	imports.com						
E-mail add	ress: (to be used for future annual	report noti	fication)				
For further info	mation concerning this matter, ple	ease call:					
Valerie Kaye		305 at (947-1000				
	Name of Person	\	Area Code & Daytime Telephone Number				
Registr Divisio P.O. Bo	g Address: ation Section n of Corporations ox 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
	essee. FL 32314 ed is a check for the following an	nount:	Tallahassee, FL 32303				
	Filing Fee		\$55 Filing Fee & Certified Copy				

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.

i. Na	ame of the limited liability company: David Developme	ent. LLC	<u></u>		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing addres	s of limited liability company: Y BE POST OFFICE BOX)
	14800 Biscayne Blvd			14800 Biscayne Blvd	
	N. Miami Beach, FI. 33181			N. Miami Beach, FL 33	181
	01/20/2023		[.	.23000039117	
3.	Date of filing/registration in Florida	4.	_	Document i	number
5. (a)					
J. (a)	Registered Agent and Registered Office shown on the records of	the Flor	ida I	Dept. of State:	
	Legacy Wealth Advisors, LLC				
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRE	SS)		
	801 Brickell Avenue Suite # 2550				
	Miami	33131			
		,			
(b)					36
,	Enter name of NEW Registered Agent and/or NEW Registered	Office	add	ress:	lC7
	Kluger, Kaplan, Silverman, Katzen & Levine, P.L.				23 OCT 16 AH R
					33
	NEW Registered Office Address: 201 S. Biscayne Boulevard #2700				9
	201 S. Biscayne Boulevard #2700			 	DA 17
	Miami, FL	33131		<u>.</u>	
chang agent was/w the ast Signal I here provise the obto mer	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like the ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law accept the appointment as registered agent and agricions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I add in writing of this change.	registe ability of the I limited V	erec con imit d lia aler	I office and the busine apany, it is hereby conted liability company ability company. ie Kaye Printed or type this connective. I furth	ess office of the registered ntirmed that the change(s) or as otherwise provided in ped name of signee

Signature of Registered Agent