



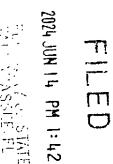
(Requestor's Name)									
(Áddress)									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									

Office Use Only



500431536625

05/14/24--01020--020 **125.00



COVER LETTER

Division of Corporations		
TOUITOU HOLDINGS, LLC SUBJECT:		
	ame of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	Office Change an	d fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the	e following:
Avri Ben-Hamo, Esq.		
Name of Person		
Ben-Hamo Law, PLLC		
Firm/Company		-
6001 Broken Sound Parkway NW, Suite 416		
Address		
Boca Raton, FL 33487		
City/State and Zip Code	2	
E-mail address: (to be used for future a	annual report not	ification)
For further information concerning this matt	er, please call:	
Avri Ben-Hamo	561 at (372-9091
Name of Person	a. (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 followi	ing amount:	
■ \$25 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.

1.	Nai	me of the limited liability company: TOUITOU HOLD	INGS,	, LLC		-	<u> </u>		
2. (a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)					
		22900 S PONDEROSA DR BOCA RATOB, FL 33428			22900 S PONDEROSA DR BOCA RATOB, FL 33428				
		02/17/2023	_	L23	0000874	495			
3.		Date of filing/registration in Florida Ben-Hamo Law, PLLC	4.			Document nui	mber		
5. (,a)	Registered Agent and Registered Office shown on the records of the	he Flor	ida Dep	ot. of State	- e:			
		Registered Office Address (MUST BE FLORIDA STREET A 2701 NW 2nd Ave., Suite 207	<u>DDRE</u>	<u>(SS)</u>		_			
		Boca Raton, FL_	33431	· 		-		2024 JU	77
(b)	b) ,	Enter name of NEW Registered Agent and/or NEW Registered Content of NEW Registered Content of NEW Registered Office Address:				_	135,77	2024 JUN 14 PM 1:4	LED
						±2			
		6001 Broken Sound Parkway NW, Suite 416				_			
		Boca Raton , FL	33487		- -	_			
char ager was	ige it w /we	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia- re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registe bility f the l	ered o compa imited d liabi	ffice an any, it is Hiabilit lity con	d the business s hereby confil y company or npany.	office of t rmed that t as otherwi	he regis he char se prov	terea ige(s)
_	٥	ure of a member or authorized representative of a member	_	/	varto	Printed or types	fou		
I he prov the c to m noti	erel visio obli nere fied	ure of a member or authorized representative of a member on accept the appointment as registered agent and agrees ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I have ting of this change.	ee to a perfor I for ii ereby				=		with the ad accept ing filed s been