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## **COVER LETTER**

TO: Registration Section Division of Corporations	
TOUITOU 3000, LLC SUBJECT:	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	ter to the 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	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, please	e call:
Avri Ben-Hamo	561 372-9091
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 following amou	unt:
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. N	ame of the limited liability company:	LLC				<del></del>
2. (a)		_	(b)			
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		1	Mailing address of limited li (Note: MAY BE POST O	iability co	ompany;
	22900 S PONDEROSA DR		22900 S P	ONDEROSA DR		<u>.</u>
	BOCA RATON, FL 33428	<del></del>	BOCA RA	ATON, FL 33428		
	02/23/2023		1.230000984	406		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a	Ben-Hamo Law, PLLC					
J. (a	Registered Agent and Registered Office shown on the records of	the Flori	du Dept, of Stat	e:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	<u>SS)</u>	_		
	2701 NW 2nd Ave., Suite 207			<del>-</del>	20;	
	Boca Raton FI	33431		- -	ያኑ ታሀ	
(b)	Ben-Hamo Law, PLLC				1024 JUN 14	
	Enter name of NEW Registered Agent and/or NEW Registered			76 76 115	PH -:-	ED
	NEW Registered Office Address:				42	
	6001 Broken Sound Parkway NW, Suite 416	<u>.</u>		_		
	Boca Raton FI	33487	.,-	_		
chang agent was/v	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	registe ability of the li	ered office an company, it i imited liabilit	d the business office of s hereby confirmed that y company or as other	t the reg it the ch	gistered iange(s)
	y M gr	Y	onatan Touitou			
I here provis the ob- to me notific	ature of a member or authorized representative of a member eby accept the appointment as registered agent and agistions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I sed in writing of this change.	ree to a perfori ed for in hereby	ct in this cap mance of my Chapter 603 confirm that	Printed or typed name of a acity. I further agree to duties, and I am familio f, F.S. Or, if this document the limited liability con		ly with the and accept being filed has been
Signat	ture of Registered Agent					

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