## L 23000 116 Stolo

(Requestor's Name)
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(Address)
,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
<b>(</b>
(Document Number)
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SECREDARY CLEIAI

## **COVER LETTER**

Division of Corporations		
SUBJECT: HY CREATE, LLC	Name of Limited I	ishility Company
	Name of Limited I	Jability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	l Office Change and	fee(s) are submitted for filing.
Please return all correspondence concernit	ng this matter to the	e following:
BEN TAMIR	_	
Name of Person		
GOLDRING LOWENTHAL TAMIR & CO		SECRETAGE TALLAND
Firm/Company		
16850 Collins Ave #112-306		
Address		inga Taga
Sunny Isles Beach FL 33160		
City/State and Zip Co	ode	
SARA@USACPA.NET		
E-mail address: (to be used for future	e annual report noti	fication)
For further information concerning this ma	atter, please call;	
BEN TAMIR	at ( 305	) 2240440
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	wing 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.

2. (a)		(b)		
( )	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mar ()	iling address of limited liability company:  Note: MAY BE POST OFFICE BOX)
	710 S SHORE DR		710 S SHORE	E DR
	MIAMI BEACH, FL 73141		MIAMI BEA	CH. FL 33141
	03/06/2023	1	.23000116566	i e
3.	Date of filing/registration in Florida	4.	De	ocument number
5. (a)	YOSEF, YAAKOV G			
· (-)	Registered Agent and Registered Office shown on the records			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		
	710 S SHORE DR			
	MIAMI DEACH	22141	····	S: 20
	MIAMI BEACH , ,	F[ <u>] 33141</u>		2021 HAT SECRETALLA
(b)	Ben Tamir			
(0)	Enter name of NEW Registered Agent and/or NEW Register	red Office add	ress:	28 28 X
				TARY OF STANKS SEED
				tiete -
	NEW Registered Office Address:			원동 - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12
	16850 Collins Ave #112-306	·		
	Sunny Isles Beach	FL 33160		
f the li	imited liability company is not organized under the l	aws of the S	tate of Florid	la, it is hereby confirmed that after the
change	or changes are made, the Florida street address of the	he registered	office and th	ne business office of the registered
was/we	vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members	s of the limit	ed liability co	ompany or as otherwise provided in
he arti	cles of organization or the operating agreement of the	ne limited lia	bility compa	ny.
		Yaako	ov Yosef	
	ture of a member or authorized representative of a member		i'r	inted or typed name of signee

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Signature of Registered Agent