



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

Office Use Only



700431536607

08/14/24--01020--020 \*\*125.00



2024.111N | L PM |: L

## COVER LETTER

TO:		tration Section on of Corporations							
SUBJE		INTERNATIONAL GLASSWARE, LLC  Name of Limited Liability Company							
00001									
Dear S	Sir or M	adam:							
The en	closed	Registered Agent/Registered Office	Change and	fee(s) are submitted for filing.					
Please	return :	all correspondence concerning this	matter to the	following:					
Avri B	en-Ham	o, Esq.							
		Name of Person	-	<del>_</del>					
Ben-Ha	amo Lav	v, PLLC							
******		Firm/Company							
6001 B	Broken S	ound Parkway NW, Suite 416							
		Address							
Boca R	Raton, F	1. 33487							
-		City/State and Zip Code	-						
E	E-mail a	ddress: (to be used for future annua	il report notif	ication)					
For fur	rther in	formation concerning this matter, p	lease call:						
Avri B	en-Ham	o	561 at (	372-9091					
		Name of Person	(	Area Code & Daytime Telephone Number					
	Regis Divis P.O.	ing Address: stration Section sion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Enelo	osed is a check for the following a	mount:						
	<b>\$</b> 2	5 Filing Fee	□s	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. Na	me of the limited liability company: MTERNATION	AL GLA	SSWARE,	LLC			
<b>.</b>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	-	Mailing address o	Himited liability c E POST OFFICE	ompany:	
22900 PONDEROSA DR 22900 PONDE					DEROSA DR		
	BOCA RATON, FL 33428 UN		ВОСА	RATON, FL 33428	8 UN 		
	01/03/2024		1.240000	010190			
3.	Date of filing/registration in Florida	4.		Document nur	mber		
5. (a)	Ben-Hamo Law, PLLC						
,, (44)	Registered Agent and Registered Office shown on the records o	the Flori	da Dept. of S	State:			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	<u>SS)</u>	<del></del>	2		
	2701 NW 2nd Ave., Suite 207		024				
	Boca Raton	33431			NO .		
(b)	Ben-Hamo Law, PLLC					[T]	
	Enter name of NEW Registered Agent and/or NEW Registere	d Office :	iddress:		2024 JUN 14 PM 1:42		
	NEW Registered Office Address:			<del></del> .	ra 👀		
	6001 Broken Sound Parkway NW, Suite 416						
	Boca Raton, F	1. <u>33487</u>	_				
change agent v was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registe iability of of the li e limited	red office company, mited liab Hiability o	and the business it is hereby confit offity company or company.	office of the re rmed that the cl	gistered iange(s)	
	ture of a member or authorized representative of a member	Y .	onatan Tou		d name of signee		
I herei provisi the obl to mero notified	by accept the appointment as registered agent and as ons of all statutes relative to the proper and completing the ignitions of my position as registered agent as providely reflect a change in the registered office address, I fin swriting of this change.	ree to a z perfor ed for in hereby	ct in this c nance of r Chapter ( confirm th			oly with the and accept being filed has been	