## MBCCCCO AST

(Re	equestor's Name)				
(Address)					
(Ad	(dress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Do	ocument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer.				
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	OCT 14	2022			
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Office Use Only



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CORPORATION SERVICE COMPANY

CONTACT PERSON: Eyliena Baker

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

			ACCOUNT	NO.	:	1200000	001	95		
			REFERE	INCE	:	024016		8334108		
		JA	JTHORIZAT	CION	: 1	Squell	pl	era	<u>ر</u>	
			COST LI	MIT	:	\$ 25.00		<b>.</b>	<del></del>	
ORDER D	DATE :	Octo	ber 12,	2022						
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ORDER N	10. :	0240	16-063							
CUSTOME	ER NO:	8	334108							
			. <b></b>							
			CHANGE	OF AGI	ENT					
	NAME:	M	IIZRACHI	HOLDI	NGS	, LLC				
PLEASE	RETUR	N THE	FOLLOWIN	IG AS I	PRO	OF OF F	ILII	<b>1</b> G :		
		IFIED								
<u>XX</u>	PLAI	MATS M	IPED COPY	•						

EXAMINER'S INITIALS:

## 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.

(,	Principal office address of limited liability company:	(b) Mailing address of limited liability company:
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	215 COLES STREET	215 COLES STREET
	JERSEY CITY, NJ 07310	JERSEY CITY, NJ 07310
	04/11/2013	M13000002287
3.	Date of filing/registration in Florida	4. Document number
(b)	Registered Office Address (MUST BE FLORIDA STREET)  318 N.W. 23 STREET  Miami F1  Enter name of NEW Registered Agent and/or NEW Registered	33127 FALLARIA (ALLARIA)
	Corporation Service Company	
	NEW Registered Office Address: 1201 Hays Street	
	Tallahassee	32301

/S/ Moishe Mana Signature of a member or authorized representative of a member

Moishe Mana, Authorized Person Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

Moce L-Kuby Signature of Registered Agent

Grace E. Kirby, Asst. Vice President