

m15000003391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

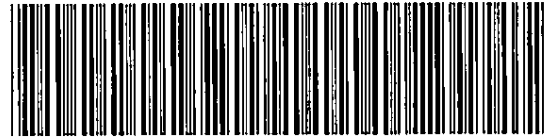
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

A. RAMSEY

MAY 10 2023



600407516656

LLC
RA & RO change

FILED

2023 MAY -9 PM12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2023 MAY -9 AM10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. RAMSEY

MAY 10 2023

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301

850.656.7956

Fax: 850.656.7953

www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 5/9/2023

PRIORITY Regular Approval

OUR REF # (Order ID#) 1144996

ORDER ENTITY
SIROTA INVESTMENTS I, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:
SIROTA INVESTMENTS I, LLC (FL)

File the attached change of agent document

NOTES:
\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**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. Name of the limited liability company: SIROTA INVESTMENTS I, LLC

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 BOX)

9559 COLLINS AVE., APT. 805-S

9559 COLLINS AVE., APT. 805-S

SURFSIDE, FL 33154

SURFSIDE, FL 33154

04/23/2015

M15000003391

3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
LEVINE & FELLIG, P.A.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

927 LINCOLN RD., STE 200

MIAMI BEACH, FL 33139

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

SHAINA SCHOCHET

NEW Registered Office Address:

1025 NE 3RD ST

HALLANDALE BEACH, FL 33009

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Jon Abrams

Printed or typed name of signer

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, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

FILING FEE: \$25.00

FILED
2023 MAY -9 PM 12:44
CLERK OF STATE
TALLAHASSEE, FL 32304