

M19 000005563

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(Address)

(Address)

(City/State/Zip/Phone #)

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2022.09.-5 11:11:33

10/12/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GONGOR DE2 LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ken Jones

Name of Person

Ken Jones LLC

Firm/Company

5100 West Highway 40, Suite 600

Address

Ocala, Florida 34482

City/State and Zip Code

Ken@kenjonesllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ken Jones

at (352)

804-4374

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 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.

1. Name of the limited liability company: Gongor DE2 LLC

2. (a) 2425 S. Stearman Dr. #120 (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

2425 S. STEARMAN DR.#120

Chandler, AZ 85286

06/06/2019

M19000005563

3. Date of filing/registration in Florida

4. Document number

5. (a) CAPITOL CORPORATE SERVICES, INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

~~GORODISH, MATAN and GONEN, ADIEL~~

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

515 E. Park Ave, 2nd Floor

Tallahassee, FL 32301

(b) Ken Jones

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

Ken Jones LLC

NEW Registered Office Address:

5100 West Highway 40, Suite 600

Ocala, FL 34482

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

Matan Gorodish

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

Signature of Registered Agent

2022 JUN -5 11:11:33