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Florida Department of State Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone : (850)222-1092 Fax Number : (850)87B-536B

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

REGISTERED AGENT CHANGE BETH TORAH ADATH YESHURUN, INC.

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CR2E045 (00/12)

COVER LETTER

	COVER LE	TTER		1. F -
TO: An Di	nendment Section vision of Corporations			TALLAHASSTE TARABA
OXIVA YES COT	Both Tornh Adath Yeshurun, inc.			20
SUBJECT	Name of Corpo	ration		
DOCUME	NT NUMBER:			26
The enclos	ed Statement of Change of Registered Office/Ap	gent and fer	nre submitted for (filing.
Please retu	m all correspondence concerning this matter to	the followin	ng:	-
	Wayne Keil			
	Name of Contact	Person		
	Buth Torsh Adath Yeshurun, Inc.			
	Firm/Compa	iny		
	20350 NE 26th Ave			
	Address			•
	North Miami Beach, Fl. 33180			
	City/State and Zi	p Code		
	E-mail address: (to be used for future	e annual re	port notification)	
For further	information concerning this matter, please call:			
Wayne Keil	-1	305	932-2829	
	Name of Contact Person	Area Coc	le & Daytime Telep	hone Number
Enclosed is	a \$35.00 check made payable to the Departmen	t of State.	•	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Divis Clift	Address; ndment Section sion of Corporatio on Building Executive Center	
			hassee, FL 32301	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	he provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this hange is submitted for a corporation organized under the laws of the State of Florida	
•	der to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	f the corporation: Beth Tornh Adath Yeshurun, Inc.	
2. The principa	al office address: 20350 NE 26th Ave, North Milami Beach, Fl. 33180	
3. The mailing same as all	address (if different):	
4. Date of incom	prporation/qualification: 1/23/2014 Document number: N12788	
	nd street address of the current registered agent and registered office on file with the surment of State: (If resigned, enter resigned)	
	Baltuch Marshall P	
	20350 NE 26 Avc.	****
	20350 NE 26 Ave. North Miami Beach, Fl. 33180 PARE C 23	-
6. The name an (If changed):	nd street address of the new registered agent (if changed) and for registered office	רו
	CT Corporation System 25	-
	c/o C T Corporation System, 1200 South Pine Island Road	
	P.O. Box NOT acceptable	
	Plantation, Florida 33324	
The street addr as changed will	ross of its registered office and the street address of the business office of its registered agent.	
Such change wanthorized by t	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
IL)	Robert Goldfarb, President Printed or typed name and falls	
I hereby accept I further agree performance of agent. Or, if it hereby confirm	of the appointment as registered agent and agree to act in this capacity. It to caniply with the provisions of all statutes relative to the proper and complete if my duties, and I am fumiliar with and accept the ahligation of my position as registered his document is being filed merely to reflect a change in the registered office address, I in that the corporation has been notified in writing of this change.	
	orporation System	
If signing on bo	Angel Nunez Sistent Secretary	
7	Typed ne Frinkod Name	

* * * FILING PEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (02/12)

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