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(Cit	ty/State/Zip/Phone	; #)
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SECRETARY OF STATE

TALLAHASSEE EL PORTE

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COVER LETTER

TO: Amendment Section **Division of Corporations** MIRNA 2005 INVESTMENT & HOLDINGS INC. Name of Corporation P04000165005 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Meray Ben Oved Name of Contact Person Firm/Company 12 NW 8th Pl. Address Cape Coral FL 33993 City/State and Zip Code yaron.yaront@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Yaron Tamir Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. **Mailing Address:** Street Address: Amendment Section Amendment Section Division of Corporations **Division of Corporations**

Clifton Building

Tallahassee. FL 32301

2661 Executive Center Circle

CR2E045 (03/12)

P.O. Box 6327

Tallahassee, FL 32314

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

statement of ch	e 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: MIRNA 2005 INVESTMENT & HOLDINGS INC.	
2. The principal	al office address: 12 NW 8th Pl. Cape Coral, FL 33993	
3. The mailing	address (if different):	
4. Date of incor	prporation/qualification: December 2004 Document number: P04000165005	
	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	Corporate Creations International Inc.	
	11380 Prosperity Farms Road #221E	
	Palm Beach Gardens FL 33410	
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office	17 JU
	Merav Ben Oved	
	12 NW 8th Pl. Cape Coral, FL 33993	ים ער
	P.O. Box NOT acceptable	sē Ģ
=	ress of its registered office and the street address of the business office of its registered agen II be identical.	2
authorized by the	vas 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.	
Signatu	iure of an office for director SACON TAMIR P.D. Printed or typed name and title	
I hereby accept I further agree performance of agent. Or, if th	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete If my duties, and I am familiar with and accept the obligation of my position as registered with a comment is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.	
	6/2/17	
_	gnature of Registered Agent Date	
ii signing on be	ehalf of an entity:	
Ty	lyped or Printed Name	
	* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)