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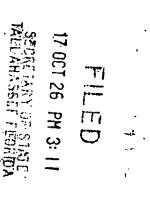
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: 5733 FUNSTON CORPORATION Name of Corporation

P10000029639

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:

YARON GILAEI

Name of Contact Person

5733 FUNSTON CORPORATION

Firm/Company

5820 FUNSTON STREET

HOLLYWOOD, FLORIDA 33023

City/State and Zip Code

YARONGILAEI77@HOTMAIL.COM

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

For further information concerning this matter, please call:

YARON GILAEI

Name of Contact Person

954 394-3945
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

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

statement of cha	mge is submitted for a corporation o	7,0502, 607,1508, or 617,1508, Florida organized under the laws of the State of registered agent, or both, in the State of	FLORIDA
	the corporation: 5733 FUNSTO		
2. The principal	office address: 5733 FUNSTO	N STREET. HOLLYWOOD,	FLORIDA 33023
3. The mailing a	address (if different): 5820 FUNS	STON STREET. HOLLYWOOI	D, FLORIDA 33023
4. Date of incorp	poration/qualification: 4/6/2010	Document number: P100	00029639
	I street address of the current registertment of State: (If resigned, enter re	ered agent and registered office on file visigned)	vith the
	RESIGNED		_
	SARA HEARN		建设 石
	5820 FUNSTON STREET	T. HOLLYWOOD, FL 33023	PT Z6
6. The name and (if changed):	I street address of the new registered	d agent (if changed) and /or registered o	
	YARON GILAEI		
	5820 FUNSTON STREE	Т	
PO Box NOI acceptable			_
	HOLLYWOOD, FLORIDA		_
The street address changed will	ess of its registered office and the s be identical.	treet address of the business office of	its registered agent.
Such change wa authorized by the	as authorized by resolution duly ad- ne board, or the corporation has bee	opted by its board of directors or by ar en notified in writing of the change.	officer so
		YARON GILAEI, DIREC	
I heroby accept I faither agree performance of agent. Or, it th	to comply with the provisions of all my duties, and I am familiar with a	nt and agree to act in this capacity. I statutes relative to the proper and co and accept the obligation of my positio Freflect a change in the registered offi	mplete m as registered
	All and a second	9/29/2017	
	partific of Registered Agent	Date	
If wigning on be	half of an entity:		
	yped or Printed Name		

* * * FILING FEE: \$35.00 * * *