P13000096688

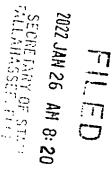
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: FLORIDA CASH HOME BUYERS INC. Name of Corporation					
DOCUMENT NUMBER: P13000096688					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter	r to the following:				
Omer Reiner					
Name of Contact Person					
FLORIDA CASH HOME BUYERS INC.					
Firm/Company					
101 NE 3 AVE STE 1500					
Address					
FT LAUDERDALE, FL 33301					
City/State and Zip Code					
omer@floridacashhomebuyers.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please	call:				
Sarah Lodha	at (305) 851-2571				
Name of Contact Person	at (305) 851-2571 Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Depart	rtment of State.				
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee				
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0302, 617.03 inge is submitted for a corporation orga ir to change its registered office or regis	nized under the laws of the State of	Florida		
	he corporation: FLORIDA CASH HOM	-			
2. The principal	office address: 101 NE 3 AVE STE 1500				
FT LAUDERDA	LE, FL 33301				
3. The mailing a	ddress (if different): 01 NE 3 AVE STE	1500, FT LAUDERDALE, FL 33301			
4. Date of incoη	poration/qualification: 12/02/2013	Document number: P130000	96688		
5. The name and Florida Depar	street address of the current registered tment of State: (If resigned, enter resign	agent and registered office on file wi	ith the		
	SHROUDER, RYAN C				
	SPINK & ASSOCIATES, P.A.		_		
	9700 GRIFFIN RD, COOPER CITY, FL	33328	<u>-</u> ⊣	* .	
6. The name and (if changed):	street address of the new registered age	ent (if changed) and /or registered off	ALL MARKETA	2022 JAN 2	
	Borges, Giovanni, V		38E	26	1
	Zendegui Law Group P.A.		- <u> '</u>	AM S	
		x NOT acceptable	*	⊘ 8	
	1111 Kane Concourse, Suite 310, Bay Ha	urbor Islands, FL 33154	-	0	
The street addre as changed will	ss of its registered office and the street be identical.	address of the business office of its	s registe	ered a	gent,
Such change wa authorized by th	s authorized by resolution duly adopte e board, or the corporation has been no	d by its board of directors or by an otified in writing of the change.	officer	so	
		Omer Reiner			
	e of an officer or director	Printed or typed name and tit	ile		
I hereby accept I further agree t of my duties, an document is beit corporation has	the appointment as registered agent are comply with the provisions of all stated I am familiar with and accept the object of the content of the content of the content of the content of the change in the content of this change in writing of this change	nd agree to act in this capacity, butes relative to the proper and combigation of my position as registered eregistered effice address, I hereb	iplete p 1 agent. 1y confii	erform Or i rm tha	nance if this it the
SIMMU	9/1/2	01/08/2021			
	ature be Registered Asent Glovanni Borges	Date			
ir signing on be	nalf of an entity:				
Ty	ped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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