P17000094304

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Cathing Line)				
(Document Number)				
(Document Number)				
Cartificat Coales Cartificates of Status				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



200391441732

07 26/22-- (014--0.5 -*-5.7)

2022 JUL 26 PH 12: 5

10/27/2022

COVER LETTER

TO:	Amendment Section Division of Corporations	
	·	
SUBJE	ECT: LINK HOUZ, INC.	
Name	of Corporation	
DOCU	JMENT NUMBER: P17000094304	
The en	closed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
	return all correspondence concerning this	
	see a se	maner to the following.
GALIN	IA URMAN	
Name	of Contact Person	
	N LAW GROUP,P.A.	
	Company	
	IARRISONSTREET, SUITE 208	
Addres	SS	
	YWOOD, FL 33020	
City/St	ate and Zip Code	 _
	GALINA@URMANLAWGF	ROUP.COM
E-mail	l address: (to be used for future annual	report notification)
For fur	ther information concerning this matter, p	please call:
GALIN	IA URMAN	, 248 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Name of Contact Person	at (248)214-1185 Area Code & Daytime Telephone Number
Enclose	ed is a \$35.00 check made payable to the	Department of State.
	Mailing Address:	Street Address:
	Mailing Address: Amendment Section	Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	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 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of <mark>FLORIDA</mark>	
	r to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: LINK HOUZ, INC.	
2. The principal	office address: 9050PINESBLVD., 415-418,PEMBROKEPINES,FL 33024	
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 11/27/2017 Document number: P17000094304	
5. The name and Florida Depar	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)	
	URMAN LAW GROUP,P.A.	2
	501 GOLDEN ISLES DR., SUITE 206C,	2022 JUL 26
	HALLANDALE BEACH, FL 33009	JL 26
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	5 Pil I2: !
	URMAN LAW GROUP,P.A.	.:
	1930HARRISONSTREET,SUITE 208,	65
	P.O. Box NOT acceptable	
	HOLLYWOOD, FL 33020	
The street addre	ss of its registered office and the street address of the business office of its registered be identical.	agent.
Such change wa	s authorized by resolution duly adopted by its board of directors or by an officer so	
tout	Paul Trevor Walki	w.0
-	e of an officer or director Printed or typed name and title	`
I hereby accept I further agree t of my duties, an document is bein corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete perfo. d I am familiar with and accept the obligation of my position as registered agent. Or ng filed merely to reflect a change in the registered office address, I hereby confirm to been notified in writing of this change.	mance if this hat the
- Sul	uncluded 4/07/07 auture of Registered Agent Date	
Calina	half of an entity:	

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