## P94 0000 73415

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

Office Use Only



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08/18/23--01012--012 \*\*35.00

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJI Name	ECT: Sunvest Real Estate Inc	
DOCU	MENT NUMBER: P94000073415	
	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
Sheldo	n Liebowitz	
Name	of Contact Person	
Sunves	t Real Estate Inc	
Firm/C	ompany	
6574 N	State Rd 7 suite 333	
Addres	<u> </u>	
Coconi	t Creek FI 33073	<b>18</b> 3
City/S	ate and Zip Code	ייט חיי
•	msl2600@aol.com	1
E-mai	address: (to be used for future annual report notification)	•
For fu	State Rd 7 suite 333  s at Creek Fl 33073 ate and Zip Code  msl2600@aol.com  address: (to be used for future annual report notification)  ther information concerning this matter, please call:	
Sheldo	1 Liebowitz 31 (954 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Name of Contact Person at (954 ) 6056170  Area Code & Daytime Telephone Number	
Enclos	ed is a \$35.00 check made payable to the Department of State.	
	Mailing Address: Amendment Section  Street Address: Amendment Section	

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

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

statement of cha	nge is submitted for a corporation	17.0302, 607.1308, or 617.1308, Florida S a organized under the laws of the State of $\underline{F}$ registered agent, or both, in the State of $F$	lorida	
1. The name of t	the corporation: SunVest Real Estat	te Inc		
2. The principal	office address: 6574 N State Rd 7 S	Suite 333 Coconut Creek Fl 33073		
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 10/06/1994	Document number: P9400007	3415	
	i street address of the current regis truent of State: (If resigned, enter t	tered agent and registered office on file wit resigned)	th the	
	Sheldon Liebowitz			
	6053 NW 63rd Way		-	
	Parkland Fl 33067		∞ <b>7</b> 8	• •
6. The name and (if changed):	EAH.			
	Sheldon Liebowitz			-অসম
	6754 N State Rd & Suite 333	D0.0 V07	SEE.F	
	Coconut Creek FL 33073	P.O. Box NOT acceptable	AII.	ν γ
The street addre	ess of its registered office and the be identical.	street address of the business office of its	s registered :	agent,
<del>-</del>		dopted by its board of directors or by an ecen notified in writing of the change.		
	LIV.	Sheldon Liebowitz		
	re of an officer or director	Printed or typed name and titl	le	
I further agree i of my duties, an document is bei	to comply with the provisions of a	ent and agree to act in this capacity. ill statutes relative to the proper and com he obligation of my position as registered c in the registered office address, I hereb hange.	plete perfor l agent. Or y confirm th	mance if this at the
X	$\chi \sim \chi \sim 1$	8/15/2023		
Sign	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Sheldon Liebowi	tz.			
Ty	rped or Printed Name			

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