FEI Number: 20-3070880			Certificate of
Name an	d Address of Current Regis	tered Agent:	
	HAVE LE BEACH, FL 33009 US amed entity submits this statement for the	purpose of changing its registered office or	registered agent, or both,
	Electronic Signature of Regis	stered Agent	
Officer/D	irector Detail :		
Title	Р	Title	VP
Namo		Namo	

The h, in the State of Florida.

917 NE 26TH AVE

917 NE 26TH AVE

Tit Name MENDELSON, ASHI Na Address 917 NE 26TH AVE Ac Cit City-State-Zip: HALLANDALE BEACH FL 33009

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

Ρ

SIGNATURE: ASHI MENDELSON

Electronic Signature of Signing Officer/Director Detail

of Status Desired: No

Date

ame	MENDELSON, YARDENA
ddress	917 NE 26TH AVE
ity-State-Zip:	HALLANDALE BEACH FL 33009

04/29/2024

Date

## 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000092235

HALLANDALE BEACH, FL 33009

**Current Mailing Address:** 

Entity Name: ASHI MENDELSON, P.A. **Current Principal Place of Business:** 

HALLANDALE BEACH, FL 33009 US