3305 NE 167T	ncipal Place of Business: H ST BEACH, FL 33160		04001020	
Current Ma	iling Address:			
3305 NE 16 NORTH MIA	7TH ST AMI BEACH, FL 33160			
FEI Number: APPLIED FOR		Certificate of Status Desired: No		
Name and A	Address of Current Registered Agent:			
3305 NE 167TH	TARESY, SHARON H ST I BEACH, FL 33160 US			
The above name	d entity submits this statement for the purpose of changing its reg	gistered office or regis	tered agent, or both, in the State of Fiorida	а.
	Id entity submits this statement for the purpose of changing its reg	gistered office or regis		a. 02/08/2023
		gistered office or regis		
SIGNATURI	E: SHMOUELI ELTARESY SHARON	jisterea omce or regis		2/08/2023
SIGNATURI	E: SHMOUELI ELTARESY SHARON Electronic Signature of Registered Agent	Title		2/08/2023
SIGNATURI Authorized	E: SHMOUELI ELTARESY SHARON Electronic Signature of Registered Agent Person(s) Detail :		(02/08/2023 Date
SIGNATURI Authorized	E: SHMOUELI ELTARESY SHARON Electronic Signature of Registered Agent Person(s) Detail : CEO	Title	TRES	02/08/2023 Date
SIGNATURI Authorized Title Name	E: SHMOUELI ELTARESY SHARON Electronic Signature of Registered Agent Person(s) Detail : CEO AMIR, BENI 5981 SW 21ST	Title Name	TRES SHMOUELI ELTARESY, SHARON 3305 NE 167TH ST	02/08/2023 Date
SIGNATURI Authorized Title Name Address	E: SHMOUELI ELTARESY SHARON Electronic Signature of Registered Agent Person(s) Detail : CEO AMIR, BENI 5981 SW 21ST	Title Name Address	TRES SHMOUELI ELTARESY, SHARON 3305 NE 167TH ST	02/08/2023 Date
SIGNATURI Authorized Title Name Address City-State-Zip:	E: SHMOUELI ELTARESY SHARON Electronic Signature of Registered Agent Person(s) Detail : CEO AMIR, BENI 5981 SW 21ST WEST PARK FL 33023	Title Name Address	TRES SHMOUELI ELTARESY, SHARON 3305 NE 167TH ST	02/08/2023 Date
SIGNATURI Authorized Title Name Address City-State-Zip: Title	E: SHMOUELI ELTARESY SHARON Electronic Signature of Registered Agent Person(s) Detail : CEO AMIR, BENI 5981 SW 21ST WEST PARK FL 33023 COO	Title Name Address	TRES SHMOUELI ELTARESY, SHARON 3305 NE 167TH ST	02/08/2023 Date

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHMOUELI ELTARESY SHARON

TRES

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L21000353034

Entity Name: 34 AVE EASTERN SHORES LLC

FILED Feb 08, 2023 **Secretary of State** 6499782512CC

Date