8000129013

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
SEP - 2 2022			

Office Use Only



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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 09/01/2022	_		***************************************	a. Fraksak
2222.4	54		<i>₩ALK II</i>	V
ENTITY NAME 3663 1	5th St Realty, LLC	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
DOCUMENT NUMBER				- -
	PLEASE FILE TH	HE ATTACHED AND RETURN		
xxxxx	Plain Copy			
	Certified Copy			
	Certificate of Status			
***	PLEASE OBTAIN THE F Certified Copy of Arts Certificate of Good Sta			
	APOSTILLE' / N	NOTARIAL CERTIFICATION		
COUNTRY OF DESTINA.	TION			
NUMBER OF CERTIFICA	TES REQUESTED			
TOTAL OWED \$25		ACCOUNT #: I20160000072	2	
		S R FM		
Please call Tina at t	the above number for	any issues or concerns. Thank you so	much!	

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	3663 15th St Realty, LLC		
		Name of Limited	Liability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registere	ed Office Change an	d fee(s) are submitted for filing.
Please	return all correspondence concern	ing this matter to th	e following:
Tsvi G	oldstein		
	Name of Person		
Platinu	m Filings LLC		
	Firm/Company		
99 Wes	st Hawthorne Ave., Suite 408		
	Address		
Valley	Stream/NY 11580		
	City/State and Zip C	ode	
agent@	platinumfilings.com		
Е	l-mail address: (to be used for futu	re annual report not	ification)
For fur	ther information concerning this n	natter, please call:	
Tsvi G	oldstein	800 at (263-1553
	Name of Person	(Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the follo	owing amount:	
	■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

(a)	1000 GATES AVE. BROOKLYN, NY 11221	(b)	1000 GATES AVE. BROOKLYN, NY 11221
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	5/23/2018	_	18000129013
	Date of filing/registration in Florida	4.	Document number
(a)	Vcorp Services, LLC		
(4)	Registered Agent and Registered Office shown on the records of 1200 S PINE ISLAND ROAD	the Florida D	ept. of State:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	Plantation		
	121	33324	
(b)	PLATINUM AGENT SERVICES LLC Enter name of NEW Registered Agent and/or NEW Registered	Office addr	Man SEP - 1 AM 9: 19
	155 Office Plaza Dr		
	NEW Registered Office Address:		
	Tallahassee, Fl_	32301	
iange gent w as/wc	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered ability com of the limite	office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
	/s/ Leopold Friedman	Leopo	ld Friedman
Signat	ture of a member or authorized representative of a member		Printed or typed name of signec

/s/ Steven Friedman

Signature of Registered Agent