Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : 120100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

••Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:___

LLC REGISTERED AGENT CHANGE 2721 VIA MURANO UNIT 331 LLC

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Help

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 2721 VIA MURAN	
Name (of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Joshua Murphy	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest	Pkwy, Ste 400
Address	
Austin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future annua	al report notification)
For further information concerning this matter, p	
Joshua Murphy	888 705-7274
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following a	amount:

☐ \$55 Filing Fee & Certified Copy

□ \$25 Filing Fee

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.

1. Name of the limited liability company: 2721	VIA MURANO UNIT 331 LLC
2. (a) 1854 FREDERICK AVE	(b) 1854 FREDERICK AVE
Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	
MERRICK, NY 11566	MERRICK, NY 11566
8/24/2021	L21000379873
3. Date of filing/registration in Florida	4. Document number
5. (a) BLUMBERGEXCELSIOR CORPORA	TE SERVICES, INC.
Registered Agent and Registered Office shown on the re	cords of the Florida Dept, of State:
155 OFFICE PLAZA DR	1ST FL
Registered Office Address (MUST BE FLORIDAS	TREET ADDRESS)
TALLAHASSEE	32301
(b) Registered Agent Solutions,	Inc.
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW R</u>	
155 Office Plaza Dr.	
NEW Registered Office Address:	122
Suite A	
Tallahassee	PILED FILED FILED FILED FILED FILED
the change or changes are made, the Florida street ad	r the laws of the State of Florida, it is hereby confirmed that after dress of the registered office and the business of the registere mited liability company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise provided in
s/ KENNETH NOVICK	KENNETH NOVICK Authorized Person
Signature of a member or authorized representative of a memb	er Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Mackenzie Hart, Asst. Secretary
Signature of Registered Agent