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.

(((H240001261063)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FILE RIGHT LLC Account Number : 120170000091 : (718)878-5811 Phone : (718)732-4580 Fax Number

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

| - | 4 2 | Address: | |
|---|-----|----------|--|
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LLC REGISTERED AGENT CHANGE 403 N 19TH REALTY LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

H24000126106 3

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: 403 N 19TH REALT | 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: |
| Mark Fuchs | |
| Name of Person | |
| File Right RA Services, LLC | |
| Firm/Company | |
| 1425 37th Street, Suite 201 | |
| Address | |
| Brooklyn, NY 11218 | |
| City/State and Zip Code | e |
| agent@fileacorp.com | |
| E-mail address: (to be used for future a | unnual report notification) |
| For further information concerning this man | ter, please call: |
| Sara Ringel | 718 878-5811 at () |
| 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 follow | ing amount: |
| ■ \$25 Filing Fee INHS18 (2/14) | ☐ \$55 Filing Fee & Certified Copy H24000126106 3 |

H240001261063

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. N | lame of the limited liability company: 403 N 19T | H REA | LTY LLC |
|--|--|---|---|
| 7 /a\ | 1425 37TH STREET | _ (b) | |
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (%) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | BROOKLYN, NY 11218 | | |
| 3, | 6/23/2022 Date of filing/registration in Florida | 4. | L22000284750 Document number |
| | • • | | |
| 5. (a) | Business Filing Incorporated | The Charles | |
| | Registered Agent and Registered Office shown on the records of the | he Florida Dépi | i, of State: |
| | 1200 South Pine Island Rd, Plantation, FL 33326 | | |
| Registered Office Address (MUST BE FLORIDA STREET ADD. | | DDRESS) | 2024 AFR |
| | | | <u>≥</u> |
| | | | |
| | | | <u> </u> |
| | | | = 17 |
| (b) | File Right RA Services, LLC | | |
| (-) | Enter name of NEW Registered Agent and/or NEW Registered | Office address | MH 8: 07 |
| | | | 7 |
| | 625 E Twiggs Street, Stc. 110 | | |
| | NEW Registered Office Address: | | |
| | The constant of the constant o | | |
| | | | |
| chang agent was/v | limited liability company is not organized under the law te or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the | registered or bility compa f the limited limited liabi | frice and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company. |
| /s/ | Mark Fuchs | Mørk Fu | chs, Authorized Person |
| Sign | nture of a member or authorized representative of a member | | Printed or typed name of signee |
| provi: the old to me notific | eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address, I held in writing of this change. Mark Fuchs | ee to act in t performance I for in Chap iereby confil | his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ster 605, F.S. Or, if this document is being filed om that the limited liability company has been |

Signature of Registered Agent