

L255000290691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

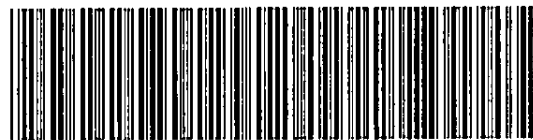
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J. HORNE

SEP 25 2025

Office Use Only



000454843910

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2025 SEP 24 AM 10:31

RECEIVED
2025 SEP 24 PM 3:51
CLERK OF SUPERIOR COURT

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 09/24/2025

****WALK IN****

ENTITY NAME 355 FENTRESS LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy !

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 55.00

ACCOUNT # 120140000108
United Corporate
Services, Inc.

Keith Leppard

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 355 FENTRESS LLC

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:

David R. Pfalzgraf, Esq.

Name of Person

Rupp Pfalzgraf LLC

Firm/Company

424 Main Street, Suite 1600

Address

Buffalo, NY 14202

City/State and Zip Code

js_ipad@me.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Catherine Radwan

716

854-3400

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 following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

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: 355 FENTRESS LLC

2. (a) _____ Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

(b) _____ Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

2 Creekview Court

1600 Liberty Building

East Aurora, NY 14051

Buffalo, NY 14202

June 26, 2025

L25000290691

3.	Date of filing/registration in Florida	4.	Document number
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5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
United Corporate Services, Inc.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3458 Lakeshore Drive

Tallahassee, FL 32312

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

John R. Scannell

NEW Registered Office Address:

350 Fentress Blvd

Daytona Beach, FL 32114

FILED
SECRETARY OF STATE
DIVISION OF RECORDS & ADMINISTRATION
2025 SEP 26 AM 10:31

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

John Scannell

James M. Smith Corp. 1000 17th St. N.W. Wash. D.C. 20036

Signature of a member or authorized representative of a member:

John Scannell

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.

John Scanell

1000 1400 2000 2500 3000 3500 4000 4500 5000 5500 6000 6500 7000 7500 8000 8500 9000 9500 10000

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00