

Florida Department of State  
Division of Corporations  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
1200 NORTH STONE STREET, L.L.C.**

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APR 08 2020

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: 1200 NORTH STONE STREET, L.L.C.

Enter new principal office address, if applicable: 2071 FLATBUSH AVE SUITE 22

(Principal office address)  
MUST BE A STREET ADDRESS

BROOKLYN NY 11234

Enter new mailing address, if applicable:

(Mailing address)  
MAY BE A POST OFFICE BOX

2071 FLATBUSH AVE SUITE 22

BROOKLYN NY 11234

2. The Florida document number of this limited liability company is: M04000001783

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 05/11/2004

## SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: INTERSTATE AGENT SERVICES, LLC

New Registered Office Address: 100 SE 2ND STREET SUITE 2000 #209

*Enter Florida Street Address*

MIAMI

*City*

Florida 33131

*Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

*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.*

  
If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	NH FLORIDA REALTY, L.L.C.	152 WEST 57TH STREET, 60TH FLOOR	<input type="checkbox"/> Add
		NEW YORK, NY 10019	<input checked="" type="checkbox"/> Remove
MGRM	ELIEZER SCHEINER	2071 FLATBUSH AVE SUITE 22	<input checked="" type="checkbox"/> Add
		BROOKLYN NY 11234	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
 aforementioned amendment(s), duly authenticated by the official having custody of records in the  
 jurisdiction under the law of which this entity is organized.

  
 (Signature of the authorized representative)

ALEX ENGLAND

Typed or printed name of signee

Filing Fee: \$25.00