



**FLORIDA FILING & SEARCH SERVICES, INC.**  
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**155 Office Plaza Dr Ste A Tallahassee FL 32301**  
**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE:** 11/15/21

**NAME:** 201 NW 37<sup>TH</sup> AVE LLC

**TYPE OF FILING:** ARTICLES

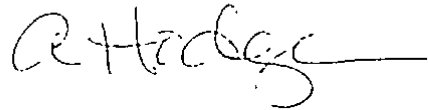
**COST:** 25.00

**RETURN:** PLAIN COPY PLEASE

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 201 NW 37th Ave 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:

\_\_\_\_\_  
Name of Person

Delaney Corporate Services, Ltd.

\_\_\_\_\_  
Firm/Company

99 Washington Avenue, Suite 805A

\_\_\_\_\_  
Address

Albany, NY 12210

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

Jennifer Swantek at ( 512 ) 499-8999  
\_\_\_\_\_  
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 amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

INHS18 (2/14)



RECEIVED

2021 NOV 19 PM 1:57

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 16, 2021

FLORIDA FILING

SUBJECT: 201 NW 37TH AVENUE, LLC  
Ref. Number: M16000006389

We have received your document for 201 NW 37TH AVENUE, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

An individual must sign on behalf of the business entity you have designated as the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder  
Regulatory Specialist III

Letter Number: 421A00027777

*please keep original file  
date.*

*Thank you!*

**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: 201 NW 37th Ave LLC
2. (a) 199 West Road, Suite 101, Pleasant Valley, NY 12569  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*
- (b) 199 West Road, Suite 101, Pleasant Valley, NY 12569  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

3. 08/10/2016 Date of filing/registration in Florida
4. M16000006389 Document number


5. (a) Corporate Creations Network, Inc.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
801 US Highway 1  
North Palm Beach, FL 33408

- (b) NRAI Services, Inc.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:
- NEW Registered Office Address:  
1200 South Pine Island Road  
Plantation, FL 33324

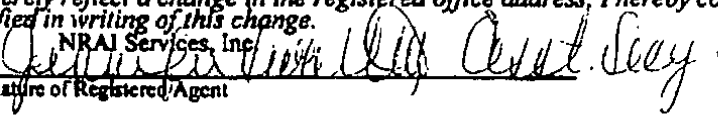
2021 NOV 15 AM 8:50

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.

 Signature of a member or authorized representative of a member

Joseph T. Kirchhoff 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.*

By:   
Signature of Registered Agent

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