

M19000003090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

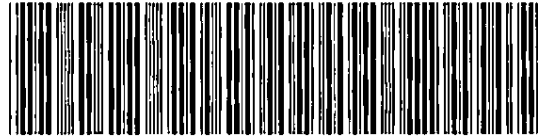
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 FEB 25 AM 10:52

O SIMMONS  
FEB 28 2022

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 2/25/2022

**PRIORITY** Regular Approval

**OUR REF.# (Order ID#)** 1002873

**ORDER ENTITY**  
FLORIDA FALCON, LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**FLORIDA FALCON, LLC ( FL )**

File the attached change of agent document

**NOTES:**

\$25.00 Authorized

Email address for annual report reminders: [danielroyfalcon@gmail.com](mailto:danielroyfalcon@gmail.com)

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

# 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: FLORIDA FALCON, LLC

2. (a) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
566 Linwood Avenue  
Ridgewood, NJ 07450

(b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
566 Linwood Avenue  
Ridgewood, NJ 07450

3. 03/28/2019 Date of filing/registration in Florida

4. M19000003090 Document number

5. (a) AGENT RESIGNED  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
 \_\_\_\_\_  
 \_\_\_\_\_, FL \_\_\_\_\_

(b) Incorporating Services, Ltd.  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

1540 Glenway Drive  
NEW Registered Office Address:  
 \_\_\_\_\_  
Tallahassee, FL 32301

**FILED**  
 2022 FEB 25 AM 10:52  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

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.

*Daniel Falcon*  
 Signature of a member or authorized representative of a member

Daniel Falcon  
 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.*

*Melissa A. Moreau*  
 Signature of Registered Agent