M2100006409

(Requestor's Nam	ne)			
(Address)				
(Address)				
(Ċıty/State/Zip/Ph	one #)			
PICK-UP WAIT	MAIL.			
(Business Entity)	Name)			
(Document Number)				
Certified Copies Certifica	ates of Status			
Special Instructions to Filing Officer:				

Office Use Only



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SECOND DAYLOR SINGLE
TALL A HASSEE, FL

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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 09/01/2022	_ ⇔ <i>WALA</i>	<i>(I</i> N ⇔
ENTITY NAME OPIS 8	AYVIEW PROPERTY HOLDINGS LLC	
DOCUMENT NUMBER_		
_	**PLEASE FILE THE ATTACHED AND RETURN**	
xxxxx	Plain Copy Certified Copy Certificate of Status	
*#	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	
	Certified Copy of Arts & Amendments Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINA NUMBER OF CERTIFICA		
TOTAL OWED \$25	ACCOUNT #: 120160000072	
Please call Tina at t	he above number for any issues or concerns. Thank you so much!	

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	OPIS BAYVIEW PROPERTY H	OLDINGS LLC	
		lame of Limited Lia	bility Company
Dear Si	r or Madam:		
The enc	losed Registered Agent/Registered C	Office Change and for	ee(s) are submitted for filing.
Please r	eturn all correspondence concerning	this matter to the fe	ollowing:
Tsvi Go	ldstein		
	Name of Person		_
Platinum	n Filings LLC		
_	Firm/Company		_
99 West	Hawthorne Ave., Suite 408		
	Address		_
Valley S	Stream/NY 11580		
	City/State and Zip Code	2	_
agent@	platinumfilings.com		
E-	mail address: (to be used for future a	innual report notific	ation)
For furt	her information concerning this matt	er, please call;	
Tsvi Go	ldstein	800 at (263-1553
	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, F1, 32303
	Enclosed is a check for the followi	ng 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.

l. Na	ame of the limited liability company: OPIS BAYVIEW	/ PROPERT	Y HOLDINGS	LLC				
2. (a)	1000 GATES AVE. BROOKLYN, NY 11221	(b) 1000 GATES AVE. BROOKLYN, NY 11221						
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability cor (Note: MAY BE POST OFFICE B					
	6/1/2021		21000006609					
3.	Date of filing/registration in Florida	4.	Doc	ument numb	ber			
5. (a)	•							
	Registered Agent and Registered Office shown on the records of 1200 S PINE ISLAND ROAD	`the Florida D	ept, of State;					
	Registered Office Address (MUST BE FLORIDA STREET) Plantation	<u>ADDRESS)</u>			SEC:	2022 SEP		
	, PI	33324			LLAHA	SEP -		
(b)	PLATINUM AGENT SERVICES LLC				ASSEE.	I AM	T	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office addr	ess:			9.3	O	
	155 Office Plaza Dr				<u> </u>	37		
	NEW Registered Office Address:							
	Tallahassee, FI	32301						
change igent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered ability com of the limite	office and the pany, it is here ad liability cor	business of eby confirm mpany or as	ffice of the red that the	regist chan	ered ge(s)	
	/s/ Leopold Friedman	Leopo	ld Friedman					
-	iture of a member or authorized representative of a member			ited or typed na	·			
provisi he obl to mere	by accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I id in writing of this change.	ree to act in performan d for in Ch hereby con,	this capacity ce of my dutie apter 605, F.S firm that the li	. I further a s, and I am , S. Or, if this imited liabil	igree to co familiar w document ity compa	mply v ith an t is bei ny has	vith the d accept ng filed been	
yici	/s/ Steven Friedman							
Signatu	ire of Registered Agent							