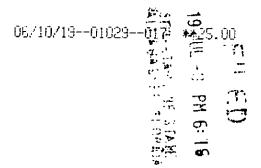
L15000018714

(Requestor's Name)	_				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
	}				
\/\@)				

Office Use Only



600311037936







June 25, 2019

FARHANG NAJMI 290 MCGUINNESS BLVD BROOKLYN, NY 11222

SUBJECT: 290 MCGUINNESS BLVD, LLC

Ref. Number: L15000018714

We have received your document for 290 MCGUINNESS BLVD, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Letter Number: 319A00012860

Dionne M Scott Regulatory Specialist II

www.sunbiz.org

COVER LETTER

;

INHS18 (2/14)

	tion Section of Corporations			
SUBJECT: 29	0 McGuinness Blvd, LLC			
	Name	e of Limited Lia	bility Company	
Dear Sir or Mad	am:			
The enclosed Re	gistered Agent/Registered Offic	ce Change and f	ee(s) are submitted for filing.	
Please return all	correspondence concerning this	s matter to the fo	ollowing:	
Farhang Najn	ni			
	Name of Person		_	
290 McGuinn	ess Blvd, LLC			
	Firm/Company		_	
290 McGuinn	ess Blvd			
	Address		-	
Brooklyn, NY	11222			
	City/State and Zip Code		-	
fjnajmi@yaho	o.com			
E-mail add	ress: (to be used for future annu	al report notific	ation)	
For further inform	nation concerning this matter, p	olease call:		
Farhang Najm	ii	917 at (681-4770	
1	Name of Person	(Area Code & Daytime Telephone Number	
	COURIER ADDRESS:		LING ADDRESS:	
	ion Section	Registration Section		
Clifton E	of Corporations	Division of Corporations P.O. Box 6327		
	cutive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314		
	see, Florida 32301	1 3113	11455CC, F10F1Q8 32314	
Enclosed	is a check for the following a	mount:		
☑ \$25 F	ling 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.

I. Na	me of the limited liability company: 290 McGuinr	ness Blvd, i	LLC		
2. (a)		(b)			
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)_	Mailing address o	f limited liability company:	
	290 McGuinness Blvd	29	00 McGuinness Bl	vd	
	Brooklyn, NY 11222	B	Brooklyn, NY 11222		
	01/30/2015	L15	5000018714		
3.	Date of filing/registration in Florida	- _{4.} —	Document nu	mber	
5. (a)	RESIGNED				
	Registered Agent and Registered Office shown on the records of	·	t. of State:	19 19 n	
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESS)</u>			
				PH 6: 15	
	, FL	<u> </u>		6.16	
(b)	Wright Law Firm, P.A.			E P	
	Enter name of NEW Registered Agent and/or NEW Registered	Office address	 :	-	
	Christine F. Wright, Esq.				
	NEW Registered Office Address:	- ·			
	923 Del Prado Blvd. South, Suite 106				
	Cape Coral .FL	33990			
Signatu I hereb provisio he oblis o merel	mited liability company is not organized under the law age or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of the of organization or the operating agreement of the uncof a member or authorized representative of a member by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete agations of my position as registered agent as provided by reflect a change in the registered office address, I have the proper and complete in writing of this shange.	the registere ability compared the limited liabil	d office and the busing, it is hereby confirmly, it is hereby confirmly or a lity company or a lity company. g Najmi Printed or typed	ess office of the registered med that the change(s) as otherwise provided in	
Signature	of Registered Agen Division of Corporations • P.O. B	3ox 6327 • T:	allahassee, FL 32314		

FILING FEE: \$25.00