118000129023

(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



500392498705

RA & Rochange

2022 SEP -1 AM 11: 55

MECFIVED
MESER-LIPHING

A. RAMSEY SEP - 2 2022

Sunshine State Corporate Compliance Company

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

DATE 09/01/2022	_	<i>⇔WALK D</i>
ENTITY NAME 2055 F	almetto Realty, LLC	
DOCUMENT NUMBER		
	PLEASE FILE TH	HE ATTACHED AND RETURN
xxxxx	Plain Copy	
	Certified Copy	
	Certificate of Status	
	Certified Copy of Arts Certificate of Good Sta	
	APOSTILLE' / N	NOTARIAL CERTIFICATION
COUNTRY OF DESTINA	TTON	
NUMBER OF CERTIFICA	ATES REQUESTED	
TOTAL OWED \$25		ACCOUNT #: 120160000072
		S 8 FM
50 10 T.	, , , , , ,	any issues or concerns. Thank you so much!

COVER LETTER

Division of Corporations		
2055 Palmetto Realty, LLC SUBJECT:		
Name	e of Limited I	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offic	ce Change and	d fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the	e following:
Tsvi Goldstein		
Name of Person		
Platinum Filings LLC		
Firm/Company		
99 West Hawthorne Ave., Suite 408		
Address		
Valley Stream/NY 11580		
City/State and Zip Code		_
agent@platinumfilings.com		
E-mail address: (to be used for future annu	ial report noti	fication)
For further information concerning this matter, p	please call:	
Tsvi Goldstein	800 at (263-1553
Name of Person	at (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, FL 32303
Enclosed is a check for the following :	amount:	
■ \$25 Filing Fee	a :	\$55 Filing Fee & Certified Copy

INHS18 (2/14)

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.

2. (a)	1000 GATES AVE. BROOKLYN, NY 11221	(b) 1	(b) 1000 GATES AVE. BROOKLYN, NY 11221	
_ (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	5/23/2018	LI	8000129023	
3. 5. (a)	Date of filing/registration in Florida Veorp Services, LLC	4.	Document number	
/. (u)	Registered Agent and Registered Office shown on the records of 1200 S PINE ISLAND ROAD	f the Florida De		
	Registered Office Address	"ADDRESS]	1022 SEP -1 MILL: 55	
	, F	L. 33324		
(b)	PLATINUM AGENT SERVICES LLC			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office addres	æ	
	155 Office Plaza Dr			
	NEW Registered Office Address:			
	Tallahassee, F	1		
hange gent v vas/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited Fere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered o lability comp of the limited	office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in	
	/s/ Leopold Friedman		l Friedman	
Signa	Signature of a member or authorized representative of a member		Printed or typed name of signee	
change agent was/w the arti- Signa I here provisithe obit to mer	e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited F ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the list Leopold Friedman	e registered of iability comp of the limited liability copole Leopole ree to act in to partiring a	office and the business office of the any, it is hereby confirmed that the I liability company or as otherwise ility company. I Friedman Printed or typed name of signe this capacity. I further agree to come of my duties, and I am familiar to the of my duties.	

Js/ Steven Friedman

Signature of Registered Agent