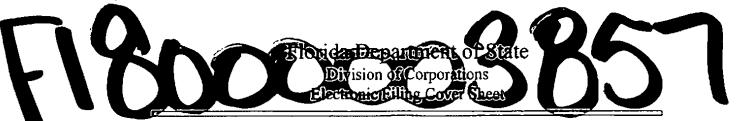
Division of Corporations

https://efile.sunbiz.org/scripts/efilcovr.exe



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : FILE RIGHT LLC Account Number : I20170000091 : (718)876-5811 Phone Fax Number : (718)732-4580

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

sales@fileacorp.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN 2150 REALTY CORP.

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fax reference H20000075533 3

TO:

COVER LETTER

Amendment Section Division of Corporations

SUBJECT: 2150 REALTY CORP. Name of Corporation	
DOCUMENT NUMBER: F18000003857	
The enclosed Statement of Change of Registered Office	ce/Agent and fee are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
RACHEL	
Name of Contact Person	
FILE RIGHT LLC	
Firm/Company	
5314 16TH AVE, SUITE 139	
Address	
BROOKLYN, NY 11204	
City/State and Zip Code	
sales@fileacorp.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
RACHEL	at / 718 \ \ 878-5811
Name of Contact Person	at (718) 878-5811 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depa	urtment of State.
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is sub	mitted for a corporation	17.0502, 607.1508, or 617.1508, Florida State organized under the laws of the State of <u>NEV</u> registered agent, or both, in the State of Flori	V YORK
1. The name of the corpora			
		JE, BROOKLYN, NY 11219	
3. The mailing address (if o	different):		
4. Date of incorporation/qu	ualification: 08/22/2018	Document number: F1800000385	57
5. The name and street add		tered agent and registered office on file with the	
BARUCH	ROSENBERG		
1200 SOI	UTH PINE ISLAND ROA	AD	20 21
PLANTA	ATION, FL 33324		20 MAR
6. The name and street add (if changed):	lress of the new registere	ed agent (if changed) and /or registered office	2 6
BARUCH	I ROSENBERG		
6440 SOL	JTHPOINT PKWY, SUIT	TE 100	AH IO: 14
JACKSON	NVILLE, FL 32216	PO Box NOT acceptable	
The street address of its reas changed will be identic	egistered office and the	street address of the business office of its re	gistered agent,
		dopted by its board of directors or by an officen notified in writing of the change.	
/s/ Baruch Rosenbe	rg	BARUCH ROSENBERG, P	RESIDENT
•	ntment as registered ag with the provisions of a niliar with and accept the erely to reflect a chang	ent and agree to act in this capacity. Ill statutes relative to the proper and comple he obligation of my position as registered ag e in the registered office address, I hereby c	te performance gent. Or, if this onfirm that the
/s/ Baruch Rosent	berg	3/6/20	
Signature of Regi	istered Agent	Date	
If signing on behalf of an	entity:		
2150 REALY CORP.			
Typed or Printe	d Name		
	* * * FILIN	NG FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)