Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email Address:____

REGISTERED AGENT CHANGE 322-61ST STREET, CORP

Certificate of Status	0
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A. BUTLER

JUL 25 2022

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Help

COVER LETTER

TO: Amendment Section Division of Corporations

322-61ST STREET, CORP
Name of Corporation
F19000002692

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joshua Murphy
Name of Contact Person
Registered Agent Solutions, Inc.
Firm/Company
Corporate Center One, 5301 Southwest Pkwy, Ste 400
Address
Austin, Texas 78735
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joshua Murphy
Name of Contact Person

at (888) 705-7274

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

	provisions of sections 607.0502, 61 inge is submitted for a corporation of			
in orde	er to change its registered office or t	registered agent, or h	oth, in the State of i	Florida.
I. The name of	the corporation: 322-61ST STF	REET, CORP		
2. The principal	office address: 27 Great Circl	e Drive #1790	Shelter Islan	id, NY 11964
-	address (if different):			
4. Date of incorp	poration/qualification: 6/10/201	9 Documer	number: F1900	0002692
	d street address of the current register rtment of State: (If resigned, enter re		ered office on file w	rith the
	BLUMBERGEXCELSIOR C	ORPORATE SE	RVICES, INC.	_
	155 OFFICE PLZ DR, 1ST	FLR	•	_
	TALLAHASSEE	FL	32301	_
6. The name and (if changed):	Registered Agent Solu		and /or registered of	fice _
	155 Office Plaza Dr.	Suite A	\	
	Tallahassee	P.O. Box NOT acceptable FL 323	01	_
The street address changed will	ess of its registered office and the s be identical.	street address of the	business office of i	ts registered agent,
Such change wa authorized by the	as authorized by resolution duly ad he board, or the corporation has be	lopted by its board o	f directors or by an g of the change.	officer so
Signatu	Macchio	Peter Maco	chio	Manager
l further agree of my duties, an document is bei	the appointment as registered age to comply with the provisions of al ad I am familiar with and accept th ing filed merely to reflect a change s been notified in writing of this ch	ent and agree to act i Il statutes relative to be obligation of my p in the registered off	in this capacity.	
Modean	zidt	7/22/202	2	
Sig	nature of Registered Agent		Date	
If signing on be	chalf of an entity:			
Mackenzie Hart,	Assistant Secretary			
Т	yped or Printed Name	21 mpm 455 00 2 4		
	* * * FILIN	G FEE: \$35.00 * *	×	