## F94008801196

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MIDWOOD MANAGEMENT CORP

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attodge

## **COVER LETTER**

Amendment Section Division of Corporations TO:

SUBJECT: Midwood Management Corp.  Name of Corporation	
DOCUMENT NUMBER: F9400001196	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filin	ng.
Please return all correspondence concerning this matter to the following:	
Name of Contact Person	
Firm/Company	
Address	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at () Name of Contact Person	one Numbe
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** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

statement of cha	nge is submitted for a corporation (	7.0502, 607.1508, or 617.1508, Florida Storganized under the laws of the State of $\frac{N}{r}$ registered agent, or both, in the State of F	lew York	
1. The name of (	the corporation: Midwood Man	agement Corp.		
2. The principal	office address: 430 PARK AV	E., STE. 505, NEW YORK, N	<u>Y 1002</u>	22
3. The mailing a	ddress (if different): 430 PARK	AVE, NEW YORK, NY 10022		<del></del>
4. Date of incorp	poration/qualification: 03/10/19	94 Document number: F94000	00011	96
5. The name and		ered agent and registered office on file wit	th the	
	CORPORATION SERVI	CE COMPANY		
	1201 HAYS STREET			
	TALLAHASSEE, FL 323	01	(۲)	21
6. The name and (if changed):	I street address of the new registere	d agent (if changed) and /or registered offi	ice" EB	2019 SEP - 4
	Platinum Agent Services	LLC <sub>ν</sub>		•
	155 Office Plaza Dr			AH 9:
	Tallahassee, Florida 323	ox NOT acceptable		: 39
TT1		. ,	• .	
as changed will Such change wa	be identical. is authorized by resolution duly ad-	opted by its board of directors or by an o	_	
•	n Usdan	of notified in writing of the change.  John Usdan, Authorized	Office	er D
Signatu	re of an officer or director	Printed or typed name and title		
I further agree if performance of agent, Or, if this	o comply with the provisions of all my duties, and I am familiar with a	nt and agree to act in this capacity. I statutes relative to the proper and comp and accept the obligation of my position of reflect a change in the registered office of fied in writing of this change.	olete as regis address	tered c, I
/s/ Steven Friedman		8/30/2019		
_	nature of Registered Agent	Date		
If signing on be	half of an entity:			
T	ped or Printed Name			
	* * * FILING	G FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314