Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)205-8842

Fax Number

: (850)878-5368

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

Email Address:

REGISTERED AGENT CHANGE ONE LIBERTY PROPERTIES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

A RAMSEY

COVER LETTER

TO:	Amendment Section Division of Corporations
CI ITLE	ONE LIBERTY PROPERTIES, INC.
3000	Name of Corporation
200	F96000002073
	UMENT NUMBER:
The e	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Name of Contact Person
	Firm/Company
	Address
	City/State and Zip Code
	dennish@gouldlp.com
	E-mail address: (to be used for future annual report notification)
Por fu	rther information concerning this matter, please call:
	Name of Contact Person Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Street Address: Amendment Section Amendment Section
	Division of Corporations Amendment Section Division of Corporations
	P.O. Box 6327 Clifton Building
	Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (03/12)

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

	- •	- ~	unized under the laws of the Sto stered agent, or both, in the Sta	· —— · · · · · · · · · · · · · · · · ·	
1. The name of	f the corporation: ONE I	IBERTY PROPE	RTIES, INC.		
2. The principa	al office address: 60 CU	TER MILL ROA	D-303, GREAT NECK, NY 110	221	
3. The mailing	address (if different):				
4. Date of inco	orporation/qualification:	04/25/1996	Document number: F9	6000002073	
	nd street address of the d artment of State: (If resi		agent and registered office on ned)	file with the	
	CORPORATION SER	VICE COMPANY	<u></u>		-
	1201 HAYS STREET.			100	
	Tallahassee, FL	12301			1
6. The name as (if changed)		new registered ag	ont (if changed) and /or register	red office	FILED
	C T Corporation System	n		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	3k
	c/o C T Corporation Sy	stem, 1200 South	Pine Bland Road	OR CO	် ပုံ
		P.O. Box NO	Of acceptable		7 60
	Plantation, Florida 333				
Such change y authorized by	ves authorized by resolution down of the corporation of the corporatio	nce and the stree stion duly adopte ation has been n	ed by its board of directors or localified in writing of the chang	e of its registered agent, by an officer so e.	
	nine of an officer of director		Printed of typed Battle an		
I hereby acc I further ago performanc agent. Or, i hereby conf	cept the appointment as rere to comply with the pree of my duties, and I am jif this document is being firm that the corporation	egistered agent an ovisions of all sta amiliar with and filed merely to rej has been notified	nd agree to act in this capacity tules relative to the proper and a accept the obligation of my positiect a change in the registered of in writing of this change.		
By:	Corporation System	1/=5		2019	
	Signature of Registrate Agent		Dole		
If signing or	n behalf of an entity:	Joseph Vice P	Temkni resident		
	Typed et Printed Hamo				
	•	* * * Piling F	EE: \$35.00 * * *		
	. 	Er	ORIDA DEPARTMENT OF STAT P.O. BOX 6327, TALLAHASSEE	E i, FL 32314	
CR2E045 (03/13		•			

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