L07000111853

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Business Littly Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |

Office Use Only



800316993508

A SOLD CONTRACT SERVICE



COVER LETTER

| то: | Registration Section Division of Corporations | | | | | |
|--------|--|--|---------------------|--|--|--|
| SUBJI | FMS CORNERS, LLC | | | | | |
| | Name of Limited Liability Company | | | | | |
| Dear S | ir or Madam: | | | | | |
| The en | closed Registered Agent/Registered Off | ce Change and fee(s) are submitted fo | r filing. | | | |
| Please | return all correspondence concerning th | s matter to the following: | | | | |
| Matth | new Kugler | | | | | |
| | Name of Person | | | | | |
| Simo | n Meyrowitz & Meyrowitz, P.C. | | | | | |
| | Firm/Company | | | | | |
| 355 L | exington Avenue, Suite 401 | | | | | |
| | Address | | | | | |
| New | York, NY 10017 | | | | | |
| | City/State and Zip Code | | | | | |
| chirs | ch@milbrookproperties.com | | | | | |
| E | E-mail address: (to be used for future and | ual report notification) | | | | |
| For fu | rther information concerning this matter, | please call: | | | | |
| Charl | es Hirsch | 516 869-1240 | | | | |
| | Name of Person | | ne Telephone Number | | | |
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 3231 | 4 | | | |
| | Enclosed is a check for the following amount: | | | | | |
| | ☑ \$25 Filing Fee | ☐ \$55 Filing Fee & Certific | ed 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.

| 1. Na | ame of the limited liability company: FMS CORNE | RS, LLC | | | |
|--|--|---|---|--|--|
| 2. (a) | C/O Milbrook Properties, LTD | (b) C/C | (h) C/O Milbrook Properties, LTD | | |
| 4. (4) | 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) | | |
| | 42 Bayview Ave | 42 F | Bayview Ave | | |
| | Manhasset, NY 11030 | Mar | Manhasset, NY 11030 | | |
| | 11/05/2007 | L070 | 000111853 | | |
| 3. | Date of filing/registration in Florida | 4. | Document number | | |
| 5. (a) | Pikus, Rubin | | | | |
| . (a) | Registered Agent and Registered Office shown on the records of | of State: | | | |
| • | 304 Grand Key Terrace | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS) | | | |
| | | | | | |
| | Palm Beach Gardens , FL | 33418 | | | |
| (a) | Hirsch, Charles | | THE T | | |
| | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | | |
| | 227 Grand Pointe Drive | | 111 | | |
| | | | <u> </u> | | |
| | NEW Registered Office Address: | | PM 12: 08 | | |
| | | | | | |
| | Palm Beach Gardens , FL | 33418 | | | |
| the cha agent w was/we | imited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cless of long-nization or the operating agreement of the | the registered of the registered of the limited liability limited liability | office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in | | |
| Signat | ure of a member or authorized representative of a member | | Printed or typed name of signee | | |
| provision the oblication mere notification in the contraction of the c | by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have the change of this change. | ee to act in this performance o 1 for in Chapte hereby confirm | s capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed that the limited liability company has been | | |