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(Requestor's Name)			
(Address)			
(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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Special Instructions to Filing Officer:			
J. HORNE			
J. HORNE JUL 3 0 2024			





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COVER LETTER

Division of Corporations TEN D'S FLA, LLC			
SUBJECT:	mited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.		
Please return all correspondence concerning this matte	r to the following:		
William R. Heitz, Esq.			
Name of Person			
HEITZ LAW FIRM PLLC			
Firm/Company			
2875 South Ocean Drive, Suite 200-19			
Address			
Palm Beach, Florida 33480			
City/State and Zip Code			
wheitz@heitzlaw.us			
E-mail address: (to be used for future annual repo	ort notification)		
For further information concerning this matter, please of	call:		
Nathan Vander Wal, Esq. at (585 272-7760		
Name of Person	Area Code & Daytime Telephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the following amoun	ıt:		
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		

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.

2. (a)	ame of the limited liability company:			
\u,	1950 BRIGHTON HEN TLR		1950 BRI	GHTON HEN TLR
r	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	ROCHESTER, NY 14623	—	ROCHES	ГЕR, NY 14623
	01/07/2010		1,10000002;	511
3. 5. (a)	Date of filing/registration in Florida CORPORATION SERVICE COMPANY	4.		Document number
). (u)	Registered Agent and Registered Office shown on the records o 1201 HAYS STREET	f the Flor	ida Dept, of State	e:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>(SS)</u>	-
	TALLAHASSEE F	L_32301		-
(b)	JOHN L. DIMARCO, SR.			2)[:] 4
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office	address:	
	4938 SANCTUARY LANE			Ŵ.
	NEW Registered Office Address:			· · · · · · · · · · · · · · · · · · ·
	BOCA RATON F	33431 L		<u>.</u>
change agent v was/wo the arti	imited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li- cre authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registe iability of of the li e limited	ered office and company, it is mited liability I liability com	d the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany.
Sinna Sinna	ture of a member or guthorized representative of a member	_	William	Printed or typed name of signee
I here provisi the obj to mer natified	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide the reflect a change in the registered office address, I I in writing of this change.	ree to a	ct in this capa	acity. I further agree to comply with the