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(Requestor's Name)					
(Address)	500273746155				

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Secretary of state fallahassee. Florida	15 JUN 10 AM 4:26	SECRETARY OF STATE
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(Req	uestor's Name)	
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COVER LETTER

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TO: Registration Section Division of Corporations

SUBJECT: New City Realty, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nestor Gorfinkel

Name of Person

Registered Services, LLC

Firm/Company

2241 Hollywood Blvd.

Address

Hollywood FL 33020

City/State and Zip Code

maria@newcityre.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Gorfinkel	786 282-8899 at (
Name of Person	Area Code & Daytime Telepho			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 g amount:	secretary of state Mllahassee. Florid:	15 JUN 10 AM 4: 2	SECRETARY OF STA
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	2	ு	ION
INHS18 (2/14)				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY 1

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: New City F	Realty, LL	C				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		N	failing address of lin (Note: MAY BE 1			
	2241 Hollywood Blvd		2241 Hol	llywood Blvd			
	Hollywood, FL 33020		Hollywoo	od, FL 33020			
	9/11/2014		L1400014	2279			
3.	Date of filing/registration in Florida	4.		Document numb	per		
5. (a)							
U. (U)	Registered Agent and Registered Office shown on the record	ls of the Florid	a Dept. of State	:			
	Registered Services, LLC						
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRES	<u>S)</u>				
	20818 West Dixie Highway						
	Aventura	_{E1} 33180)		· 4		S
		, rL			A CEO	5	SIO
(b)					AHA	JUN 10	NET
	Enter name of NEW Registered Agent and/or NEW Registered	ered Office a	ddress:		SSE	0	
	Registered Services, LLC				E FLO	NH I	OF S
	NEW Registered Office Address:				OPIC	ł: 2	RAT
	2241 Hollywood Blvd.				2	ഗ	IONS
	Hollywood	, _{FL_} 33020)				
the cha agent was/we	imited liability company is not organized under the ange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the member icles of organization or the operating agreement of	s of the reg d liability c ers of the li	istered office company, it is nited liability	and the busines hereby confirm company or as	s office o ed that th	f the rechan	egistered ge(s)

mana Lorn Signature of a member or autiforized representative of a member Maria Gorfinkel

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 **FILING FEE: \$25.00**