

4/27/2020

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Division of Corporations  
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Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

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**LLC REGISTERED AGENT CHANGE  
SYNTHETIC TURF TREAT, LLC**

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Y. SUKER

APR 28 2020

# 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. Name of the limited liability company: SYNTHETIC TURF TREAT, LLC

2. (a) 300 Frank W. Burr Blvd. Ste 21 (h) \_\_\_\_\_

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Glenpointe Centre East, 3rd Fl

Teaneck, NJ 07666-6712

03/02/2015

L15000046198

3. Date of filing/registration in Florida

4. Document number

5. (a) LAUREN DANIELSON

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1845 57TH ST

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SARASOTA

FL 34243

C T Corporation System

(b)

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

1200 South Pine Island Road

Plantation

FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company:

[Signature]  
Signature of a member or authorized representative of a member

Anthony Andolino

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.

By: C T Corporation System  
[Signature] Peter F. Souza, Assistant Secretary  
Signature of Registered Agent

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

FILED  
2020 APR 28 AM 12:18  
SECRETARY OF STATE  
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