

LIS 000067956

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ACCUMERA LLC
Account Number : 120090000079
Phone : (518)937-9117
Fax Number : (518)937-9128

FLORIDA DEPARTMENT OF STATE
ALLAHASSEE, FLORIDA

2018 DEC -6 AM 9:08

RECEIVED

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

Email Address: info@accumera.com

LLC REGISTERED AGENT CHANGE
HASSAM REAL ESTATE HOLDINGS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

T. CLINE

DEC -7 2018

EXAMINER

2018 DEC -6 PM 4:07

DATE: Dec-06-2018 TIME: 20:53:08 UTC

Fax

TO: 8506176383

FROM: Accumera LLC (5189379128)

SUBJECT:

2018 DEC -6 AM 9: 08
CLERK OF STATE
SALT SPRING ISLAND, FLORIDA

FILED

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hassam Real Estate Holdings 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:

Holly Almeida

Name of Person

Accumera LLC

Firm/Company

911 Central Ave., #101

Address

Albany, NY 12206

City/State and Zip Code

info@accumera.com

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

For further information concerning this matter, please call:

Holly Almeida

Name of Person

at (518) 937-9117

Area Code & Daytime 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 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

2018 DEC -6 AM 9:08
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections 608.416 or 608.508, 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: Hassam Real Estate Holdings LLC
2. (a) Principal office address of limited liability company: 311 Arthur Ave.
 (Note: **MUST BE STREET ADDRESS**) Englewood Cliffs, NJ 07632
- (b) Mailing address of limited liability company: 311 Arthur Ave.
 (Note: **MAY BE POST OFFICE BOX**) Englewood Cliffs, NJ 07632
3. Date of filing/registration in Florida: 4/17/2015
4. Document number: L16000067958
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:	<u>Incorporating Services, Ltd.</u>
Registered Office Address:	<u>1540 Glenway Drive</u> <u>Tallahassee, FL 32301</u>
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:	<u>Incorporating Services, Ltd.</u>
NEW Registered Office Address:	<u>1540 Glenway Drive</u>
(Note: <u>MUST BE FLORIDA STREET ADDRESS</u>)	<u>Tallahassee, FL 32301</u>

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.

Suhail Hassam

Signature of a member or authorized representative of a member

Suhail Hassam

Printed or typed name of signer

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 608, 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.

Barbara A. Peth, Assoc. Sec.

Signature of Registered Agent

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

IN11518 (05/08)

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