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COVER LETTER

Division of Corporations New Lease Properties, LLC		
SUBJECT:	nited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Gideon I. Alper, Esq.		
Name of Person	· · · · · · · · · · · · · · · · · · ·	
Alper Law, PLLC		
Firm/Company		
255 Primera Blvd., Suite 160	2021 AUG -3 PM 3: 4 SECRETARY OF STATE TALLAHASSEE, FL	
Address	AUG -	
Lake Mary, FL 32746	G-3 PM CARY OF SAHASSEE,	
City/State and Zip Code	E PL	
n/a	m -	
E-mail address: (to be used for future annual repor	t notification)	
For further information concerning this matter, please ca	all;	
Jackie Royal 40	7 444-0404	
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 amount:	:	
■ \$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.

1. N	ame of the limited liability company: New Lease Propo	erties, LLC	
2. (a)		(b)	
2. (4.)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	307 Irving Drive	Same	
	Wilminton, DE 19802		
	8/8/16	L16000	150060
3.	Date of filing/registration in Florida	4.	Document number
5. (a	Alper Law, PLLC		
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florida Dept. of	State:
	Registered Office Address (MUST BE FLORIDA STREET) 2572 West SR 426. Suite 1024	'ADDRESS)	
	Oviedo F	L 32765	20 SE 1
(b)	Alper Trustees, LLC		PEI AU
, ,	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	AUG -3 PM CETARY OF LAHASSEE
	NEW Registered Office Address:		PM 3: III OF STATE SEE, FI
	255 Primera Blvd., Suite 160		_
	Lake Mary	L_32746	
chang agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members dicles of organization or the operating agreement of the	e registered office lability company, of the limited liab	and the business office of the registered it is hereby confirmed that the change(s) pility company or as otherwise provided in company.
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mer	eby accept the appointment as registered agent and age tions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to act in this of performance of i ed for in Chapter hereby confirm th	capacity. I further agree to comply with the ny duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed nat the limited liability company has been
Sime	Bideon Alper		
Signat	ure of Registered Agent		