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(Requestor's Name)								
(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								





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TO:

NHS18 (2/14)

FO:	Registration Section Division of Corporations		1
SUBJI	BAYBERRY WELLS LEASI	NG, LLC	
	Nan	ne of Limited	Liability Company
Dear S	ir or Madam:		
The en	iclosed Registered Agent/Registered Off	ice Change a	and fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to t	he following:
Micha	ael Shabsels		
	Name of Person		
BAYE	BERRY WELLS LEASING, LLC		
	Firm/Company		
444 E	East 58th Street		
	Address		
New	York, New York 10022		
	City/State and Zip Code	· ·	_
	bsels@gmail.com		
13	E-mail address: (to be used for future ann	iual report no	otification)
For fur	rther information concerning this matter,	please call:	
Mark	S. Cohen, Esq.	516	537-8480
	Name of Person	(Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:		MAILING ADDRESS:
	Registration Section Division of Corporations		Registration Section Division of Corporations
	Clifton Building		P.O. Box 6327
	2661 Executive Center Circle		Tallahassee, Florida 32314
	Tallahassee, Florida 32301		· · · · · · · · · · · · · · · · · · ·
	Enclosed is a check for the following	amount:	
	2 \$25 Filing Fee	0	\$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

ame of the limited liability company: DAT	BERRY WELL	SLEASI	NG, LLC		
c/o Michael Shabsels		(b) c/o Michael Shabsels			
Principal office address of limited liability e (Note: MUST BE STREET ADDRE	ompany:		-	niling address of limited liability company: (Note: MAY BE POST OFFICE BOX) 58th Street	
444 East 58th Street		444 E	ast 58th Street		
New York, New York 10022		New Y	ork, New York 1	10022	
March 13, 2017		L17000	055788		
Date of filing/registration in Florid	ia 4.		Document numb	oer	
Ansbacher & Schneider, P.A.					
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State				
Ansbacher & Schneider, P.A.					
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
5150 Belfort Road, Building 100					
Jacksonville	3225	 6	_		
	FL			7	
Anthony Newfield				2.27	
Enter name of NEW Registered Agent and/or NEW	Registered Office a	ddress:	_	L.	
A N					
Anthony Newfield				යා	
NEW Registered Office Address:				6 4	
1350 Main Street, Apt 703			<u></u>		
Sarasota	FL_3423	6			
limited liability company is not organized urange or changes are made, the Florida street will be identical. Or, in the case of a Florida rere authorized by an affirmative vote of the cicles of organization or the operating agreemature of a member or authorized representative of a member of authorized representative of a member of all statutes relative to the proper and ligations of any position as registered agent rely reflect a change in the registered office.	address of the regalimited liability members of the limited limited limited limited Member limited lim	gistered off company, i mited liabi I liability co ark S. Co	ice and the busines t is hereby confirmed lity company or as ompany. Printed or typed na typecity. I further a	s office of the register ed that the change(s) otherwise provided in Representative me of signee	

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

mature of Registered Agent