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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : REGISTERED AGENT SOLUTIONS INC

REGISTERED AGENT SOLUTIONS I
2010000062
(888)705-7274
(888)706-7274

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

Email Address:____



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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: VILLA BLANCA 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:

Joshua Murphy

Name of Person

Registered Agent Solutions, Inc.

Firm/Company

Corporate Center One, 5301 Southwest Pkwy, Ste 400

Address

Austin, TX 78735

City/State and Zip Code

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

For further information concerning this matter, please call:

Joshua Murphy	888 705-7274
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	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 am	iount:
• \$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (2/14)

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: VILLA BLA	NCA	LLC				
2. (a)	3333 NEW HYDE PARK RD STE 301						
- 、 /	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	,		ling address of limited			
	NEW HYDE PARK, NY 11042		-	DE PARK, N'			
	2/5/2018	L	_180000	30987			
3.	Date of filing/registration in Florida	4	Do	cument number			
5. (a)	BLUMBERGEXCELSIOR CORPORATE SER	VICES	INC.				
	Registered Agent and Registered Office shown on the records of the 155 OFFICE PLAZA DR 1ST F Registered Office Address (MUST BE FLORIDA STREET AD	-L	· 				
	TALLAHASSEE	3230	1	_			
(b)	Registered Agent Solutions, Inc.				ZOZZ AUG Zeçrej,		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	ffice addi	<u>.688</u>	SSVII		APPA A FIL	
	155 Office Plaza Dr.			רד: ייז (-≺ A	-ENO	
	NEW Registered Office Address:				AM ID: 0' F STAIT	10	
					N		
	Suite A				107 1		

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.

/s/ Robert Vecchione

Signature of a member or authorized representative of a member

Robert Vecchione Authorized Person

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.

acterize (Mackenzie Hart, Asst. Secretary

Signature of Registered Agent

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