



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 : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE OBC PROPERTIES LLC

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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 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

I. Na	me of the limited liability company: OBC PF	ROPERTIES LLC
2. (a)	66 SOUTHDOWN RD	(b) 66 SOUTHDOWN RD
<u> </u>	Principal office address of limited liability compans. (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	HUNTINGTON, NY 11743	HUNTINGTON, NY 11743
3. 5. (a)	Date of filing/registration in Florida FINKBEINER, CHET Registered Agent and Registered Office shown on the records of 4519 SE 16TH PLACE Registered Office Address OMUST HE FLORIDA STREE UNIT 109 CAPE CORAL Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered 3030 N. Rocky Point Dr. NEW Registered Office Address: STE 150A	1 ADDRESS:

	Tampa	FL 33607
Signa I here provise the oblite to mer.	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member icles of organization or the operating agreement of the interest and a member or authorized representative of a member.	laws of the State of Florida, it is bereby confirmed that after of the registered office and the business office of the registered Hability company, it is bereby confirmed that the change(s) is of the limited hability company or as otherwise provided in the limited hability company. Riley Park Punted or typed name of signer agree to occur, this capacity. I further agree to comply with the deeperformance of my duties, and I am familiar with an I accepted ded for in Chapter 605, F.S. Or, if this document is being filed. Thereby confirm that the limited hability company has been