

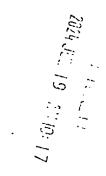
(Requestor's Name)				
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## **COVER LETTER**

	Registration Section Division of Corporations		
SUBJEC	183 PARRISH STREET LLC		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ne of Limited Lia	bility Company
Dear Sir	or Madam:		
The encl	osed Registered Agent/Registered Of	fice Change and fe	ee(s) are submitted for filing.
Please re	turn all correspondence concerning th	is matter to the fo	ollowing:
William I	R. Heitz, Esq.		
	Name of Person		<del>-</del>
HEITZ I.	AW FIRM PLLC		
	Firm/Company		_
2875 Sou	th Ocean Drive, Suite 200-19		
	Address		_
Palm Bea	ach, Florida 33480		
	City/State and Zip Code		_
wheitz@l	heitzlaw.us		
E-n	nail address: (to be used for future and	nual report notifie	ntion)
For furth	er information concerning this matter.	, please call:	
Nathan V	ander Wal, Esq.	585 at (	272-7760
	Name of Person	(	Area Code & Daytime Telephone Number
F D P	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Callahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303
F	Enclosed is a check for the following	amount:	
	\$25 Filing Fee	<b>□</b> \$55	Filing Fee & Certified Copy

 $\varphi^{n}:=(\omega^{n})$ 

## 'STATÉMENT 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. Na	me of the limited liability company:  183 PARRISH ST	REETI	LC		
2. (a)	. (a) 1950 BRIGHTON HEN TLR  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(b) 1950 BRIGHTON HEN TLR		
<b>~</b> . (4) .			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	ROCHESTER, NY 14623	_	ROCH	IESTER, NY 14623	
	04/02/2018	_	L180000	083007	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	CORPORATION SERVICE COMPANY				
	Registered Agent and Registered Office shown on the records of the	he Florid	a Dept. of	State:	
	1201 HAYS STREET				
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRES</u>	<u>S)</u>		
	TALLAHASSEE, FL_	32301			
(b)	JOHN L. DIMARCO, SR.			<u> </u>	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office a	<u>ldress</u> :		
	4938 SANCTUARY LANE				
	NEW Registered Office Address:				
	BOCA RATON, FL_	33431			
change agent w was/we the artic	mited liability company is not organized under the law or changes are made, the Florida street address of the refill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	egister pility co the lin	ed office ompany, vited liab	and the business office of the registered it is hereby confirmed that the change(s) offity company or as otherwise provided in	
-7	ure of a member or authorized representative of a member		Will	Printed or typed name of signee	
				•	
provisio the obli tomere	ey accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I ha The writing of this change.	e to ac perform for in ( 2reby c	t in this c ance of n Chapter ( onfirm th	capacity. I jurther agree to comply with the ny duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed at the limited liability company has been	

Signature of Registered Agent