

L180000113138

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : UNITED CORPORATE SERVICES, INC.
Account Number : I20140000108
Phone : (914) 949-9188
Fax Number : (914) 949-9618

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21 JUN 16 AM 10:20

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

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**LLC REGISTERED AGENT CHANGE
BS TROPICANA 202 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

JUN 17 2021
A. LUNT

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BS TROPICANA 202 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:

DOLORES BURTON

Name of Person

UNITED CORPORATE SERVICES, INC.

Firm/Company

100 STATE STREET, SUITE 800

Address

ALBANY, NY 12207

City/State and Zip Code

Isaacnahamias@gmail.com

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

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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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.

1. Name of the limited liability company: BS TROPICANA 202 LLC
2. (a) 2111E. 2ND Street
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Brooklyn, NY 11223
- (b) _____
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
3. 5/4/2018
Date of filing/registration in Florida
4. L18000113138
Document number
5. (a) Lee D. Glassman, Esq.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
2200 North Commerce Parkway
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite 105
Weston, FL 33326
- (b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:
United Corporate Services, Inc.
NEW Registered Office Address:
9200 South Dadeland Blvd., Ste. 508
Miami, FL 33156

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/ Isaac Nahamias
Signature of a member or authorized representative of a member

Isaac Nahamias
Printed or typed name of signer

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.

/s/ Michael A. Barr, President
Signature of Registered Agent

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

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