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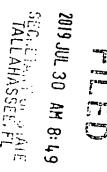
(Requestor's Name)						
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PICK-UP WAIT MAIL	-					
(Business Entity Name)	<u> </u>					
(Document Number)						
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COVER LETTER

TO:	Registration Section Division of Corporations		<i>(</i> €		
SUBJE					
	Nar	ne of Limited Li	ability Company		
Dear Si	r or Madam:				
The end	closed Registered Agent/Registered Of	fice Change and	fee(s) are submitted for filing.		
Please r	return all correspondence concerning the	nis matter to the	following:		
GYOR	RGY VERESZKI				
	Name of Person		<u> </u>		
VERC	O REAL ESTATE LLC				
	Firm/Company		_		
227 PI	ERRY AVE				
	Address				
STATE	EN ISLAND, NY. 10314.				
	City/State and Zip Code	"	_		
VERC	O67@YAHOO.COM				
E-	mail address: (to be used for future and	nual report notifi	cation)		
For furt	her information concerning this matter	, please call:			
GYOR	GY VERESZKI	718 at (427-440 6		
	Name of Person		Area Code & Daytime Telephone Number		
•	STREET/COURIER ADDRESS:	MA	ILING ADDRESS:		
	Registration Section	Reg	sistration Section		
	Division of Corporations		ision of Corporations		
	Clifton Building		. Box 6327		
	2661 Executive Center Circle Tallahassee, Florida 32301	Tal	lahassee, Florida 32314		
Enclosed is a check for the following amount:					
	□ \$25 Filing Fee	☑ \$5	5 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.

a) 20061 PETRUCKA CIR. N.		(b)	227 PERRY AVE		
Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS) LEHIGH ACRES, FL. 33936		Mailing address of limited liability comp (Note: MAY BE POST OFFICE BO STATEN ISLAND, NY. 10314.			
05/17/2018		L.	18000124650		
Date of filing/registration i	n Florida	4.	Document	number	
REGISTERED AGENT SOLL	JTION INC				
Registered Agent and Registered Office sho	own on the records of th	e Florida D	ept. of State:		
Registered Office Address (MUST BE I	FLORIDA STREET AI	DDRESS)			
155 OFFICE PLAZA DR. SU	ITE A			20	
TALLAHASSEE	, FL_	2301		P JUL 2019 JUL SECHE TALLA	
b)				AHAS	
Enter name of NEW Registered Agent and	Vor NEW Registered O	ffice addre	<u>:59</u> :	SEP 😤 🏋	
20061 PETRUCKA CIR N.				8:45	
NEW Registered Office Address:		<u></u>	···	Γ. ω	
LEHIGH ACRES	, FL_	3936	·		
e limited liability company is not organ	ized under the laws	of the St	ate of Florida it is h	ereby confirmed that after	
change or changes are made, the Florida it will be identical. Or, in the case of a were authorized by an affirmative vote	a street address of the Florida limited liab of the members of	ne register ility comp the limite	red office and the but pany, it is hereby cored liability company of	siness office of the registe	
articles of organization or the operating	agreement of the li		RGY VERESZKI		
		<u> </u>			

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.

Signature of Registered Agent

. 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	lame of the limited liability company:	AL ESTA	ATE LLC.			
2. (a)	20061 PETRUCKA CIR. N.	()	227 PEF	RRY AVE		
, ,	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	(.	***************************************	Mailing address of lin (Note: MAY BE P		
	LEHIGH ACRES, FL. 33936		STATEN	ISLAND, NY.	10314.	
	05/17/2018		 L1800012	4650	·	
3.	Date of filing/registration in Florida	— 4.		Document number	er	
5 (m)	REGISTERED AGENT SOLUTION INC.	.,		Securion number	C1	
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept, of State	:		
	Registered Office Address (MUST BE FLORIDA STREET 155 OFFICE PLAZA DR. SUITE A	ADDRESS	2			
	TALLAHASSEE , FI	32301				
(b)	GYORGY VERESZKI Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:			
	20061 PETRUCKA CIR N.					
	NEW Registered Office Address:			MLL	2019 JUL 30 SECH-1981	-
	LEHIGH ACRES FL	33936		AHASSI	_	
agent was/we the arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like a cauthorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regis ability co of the lim	tered office mpany, it is ited liability	rida, it is hereby cand the business; hereby confirmed company or as of	configured the character of the characte	e registered
	ure of a member or authorized representative of a member		DRGY VE	•		
				Printed or typed nam-	-	
the obli to mere	ov accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change	ree to act performa d for in C hereby co	in this capa ince of my di hapter 605, nfirm that th	city. I further aga uties, and I am fa F.S. Or, if this d ne limited liability	ree to comp miliar with ocument is company i	lv with the and accept being filed has been
Signatur	e of Registered Agent					

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