Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190003698273)))



H190003698273ABCC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (800)221-2972 Fax Number : (718)889-7420

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

Email Address:_____

LLC REGISTERED AGENT CHANGE NM REALTY LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

DEC 27 2019

M. SOLOMON

Electronic Filing Menu

Corporate Filing Menu

Help

į e

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, Floridu 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.

2. (a)	Principal office address of limited liability company:	(b)	Mailing address of limited Hability compan (Note: MAX BE POST OFFICE BOX)	
	(<u>Mag. MUST RE STREET ADDRESS)</u> 61 MOWBRAY AVENUE	PC	PO BOX 2213	
	08 MUWBRA! AVENUE			
	BAY SHORE, NY 11706		TAUKET, NY 11733 	
	02/26/2019	L19	000055892	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)				.,
	Registered Agent and Registered Office shown on the records of	Tibe Florida Dep	t. of St ate :	
	INCORPORATING SERVICES, LTD.		· .	: i
	Registered Office Address (NUST BE FLORIDA STREET) 150 GLENWAY DRIVE	ADDRESS	.: 	
	TALLAHASSEE FI	L		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
(ъ)	Enter rance of NEW Registered Arenj and/or NEW Resistered	d Office address	 ;	د
	BLUMBERGEXCELSIOR CORPORATE SERVICES.			
	NEW Registered Office Address:			
	155 Office Plaza Drive, 1st Fl.			
	TALLAIIASSEE	L_32301		
li the l		we at the Stat	e of Florida, it is hereby confirmed that al	Ner the
anang	or changes are made, the rionial street adoress of the	i registorea o	av is is hereby confirmed that the change	(s)
	will be identical. Or, in the case of a Florida limited in the authorized by an affirmative vote of the members of ieles of organization of the operating agreement of the	or one immucu	lightiff continent of an outer the but	xđ in
יים או	icies of organization of the operating approximent of an-	STEVEN	BANKIN	
Sign	tire of a member of authorized representative of a member		Printed or typed name of rigner	
I ham	by accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, i d in writing of this change.	ree to act in the performance	his capacity. I further agree to comply wi of my duties, and I am familiar with and	ih the aecepi

Division of Corporationse P.O. Box 6327e Tallabassec, FL 32314 FILING FEE: \$25.00