## Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

| I    | Address: |  |  |
|------|----------|--|--|
| -mai | annress: |  |  |

## LLC REGISTERED AGENT CHANGE 8132 NE HARDING AVENUE LLC

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

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TO: Registration Section

Division of Corporations

15129570210

8132 NE HARDING AVENUE LLC

Name of Limited Liability Company

Dear Sie 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:

| Name of Person   |   |
|--|---|
| Registered Agent Solutions, Inc.   |   |
| Firm/Company   |   |
| Corporate Center One, 5301 Southwest   | Pkwy, Ste 400   |
| Address  |   |
| Austin, TX 78735   |   |
| City/State and Zip Code  |   |
| E-mail address: (to be used for future annual For further information concerning this matter, put Joshua Murphy                                | 888 705-7274  |
| Name of Person   | _ at ()   |
| 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 a  | amount:   |
|  |   |

## 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

| l. Na                      | ime of the limited liability company: 8132 NE I   |   | VENUE LLC  |
|----------------------------|---|---|--|
| 2. (a)                     | 28-43 215TH PLACE   | (b) 28-43   | 3 215TH PLACE  |
| 2. (a)                     | Principal office address of limited liability company:  | (9)   | Mailing address of limited liability company:                                  |
|                            | ( <u>Note: MUST BE STREET ADDRESS</u> )   | RAV   | (Note: MAY BE POST OF FICE BOX) SIDE, NY 11361                                 |
|                            | BAYSIDE, NY 11361   | _ DATA  | 31DL, 141 11301  |
|                            | 3/22/2019   | <br>L1900   | 0075211  |
| 3.                         | Date of filing/registration in Florida  | 4.  | Document number  |
| 5. (a)                     | BLUMBERGEXCELSIOR CORPORATE SE  | ERVICES, INC  |  |
| ), (a)                     | Registered Agent and Registered Office shown on the records of 155 OFFICE PLAZA DR 1ST  |   | ite:   |
|                            | Registered Office Address (MUST BE FLORIDA STREET   | ADDRESS)  |  |
|                            | TALLAHASSEE   | 32301   | 20   |
|                            | Registered Agent Solutions, Inc.  |   | 2022 JUN   |
| (b)                        | Enter name of NEW Registered Agent and/or NEW Registered  | d Office address:   |  |
|                            | 155 Office Plaza Dr.  |   | ARD<br>TELED<br>28 PM  |
|                            | NEW Registered Office Address:  |   | — — — — — — — — — — — — — — — — — — —  |
|                            | Suite A   |   |  |
|                            | Tallahassee   | <sub>L</sub> 32301  |  |
| the ch<br>agent<br>was/w   | limited liability company is not organized under the la<br>ange or changes are made, the Florida street address o<br>will be identical. Or, in the case of a Florida limited I<br>ere authorized by an affirmative vote of the members<br>icles of organization or the operating agreement of the | If the registered officiability company, it of the limited liabil | is hereby confirmed that the change(s) ity company or as otherwise provided in |
|                            | nthony Furino   | Anthony Fu  |  |
| _                          | ature of a member or authorized representative of a member  |   | Printed or typed name of signee  |
| provis<br>the ob<br>to mer | eby accept the appointment as registered agent and ag<br>ions of all statutes relative to the proper and complete<br>ligations of my position as registered agent as provided<br>when reflect a change in the registered office address, leading this change.                                     |   |  |
| noujte                     | Mackenzie Hart, Asst. Secretary   |   |  |