## Florida Department of States

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To:

15129570210

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.\*\*

| Email . | Address: |  |  |  |
|---------|----------|--|--|--|
|---------|----------|--|--|--|

## LLC REGISTERED AGENT CHANGE 7720 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

UBJECT: 7720 HARDING AVENUE LLC

Name of Limited Liability Company

Dear Sir or Madam:

| The enclosed Registered Agent/Registered Office Chan   | age and fee(s) are submitted for filing.  |
|--|---|
| Please return all correspondence concerning this matter  | to the following:   |
| Joshua Murphy  |   |
| Name of Person   | <del></del>   |
| Registered Agent Solutions, Inc.   |   |
| Firm/Company   | <del></del>   |
| Corporate Center One, 5301 Southwest Pkwy  | y. Ste 400  |
| Address  |   |
| Austin, TX 78735   |   |
| City/State and Zip Code  |   |
| E-mail address: (to be used for future annual repo   | ort notification)   |
| For further information concerning this matter, please   | call:   |
| Joshua Murphy  | 888 705-7274  |
| 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 & Certified Copy

INHS18 (2/14)

15129570210

## 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

| <ol> <li>Na</li> </ol> | ame of the limited liability company: 7720   | 0 HARDING AVEN                       |  |                                   |      |
|------------------------|--|--------------------------------------|--|-----------------------------------|------|
| 2. (a)                 | 28-43 215TH PLACE  Principal office address of limited liability con (Note: MUST BE STREET ADDRESS BAYSIDE, NY 11361 | mpany:<br><u>\$</u> )                | 3 215TH PL<br>Mailing address of limite<br>(Note: MAY BE POS<br>SIDE, NY 1 | ed liability comp<br>ST OFFICE BO |      |
|                        | 3/22/2019  | L19000                               | 0075213  |                                   |      |
| 3.                     | Date of filing/registration in Florid  | a 4.                                 | Document number  | -                                 |      |
| 5. (a)                 | BLUMBERGEXCELSIOR CORPOR   | ATE SERVICES, INC.                   |  |                                   |      |
| J. (a)                 | Registered Agent and Registered Office shown on the  | records of the Florida Dept. of Stat | <del>-</del><br>e:   |                                   |      |
|                        | 155 OFFICE PLAZA DF  | R 1ST FL                             |  |                                   |      |
|                        | Registered Office Address (MUST BE FLORIDA   | A STREET ADDRESS)                    | <b></b>  |                                   |      |
|                        | TALLAHASSEE  | , FL 32301                           | _  | 2022                              |      |
| (h)                    | Registered Agent Solutions   | , Inc.                               |  | 2022 JUN 28                       |      |
| (b)                    | Enter name of NEW Registered Agent and/or NEW  | Registered Office address:           | _  | 8                                 | F 경찰 |
|                        | 155 Office Plaza Dr.   |                                      | _  | , <u> </u>                        |      |
|                        |  |                                      |  |                                   |      |
|                        | NEW Registered Office Address:   |                                      |  | · ယူ                              |      |
|                        | NEW Registered Office Address: Suite A   |                                      | -  | 35                                |      |

the articles of organization or the operating agreement of the limited liability company.

| /s/ | Anthony Furino   | Anthony Furino | Member              |  |
|-----|--|----------------|---------------------|--|
| _   | Signature of a member or authorized representative of a member | Printed or t   | yped name of signee |  |

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.

Signature of Registered Agent Mackenzie Hart, Asst. Secretary