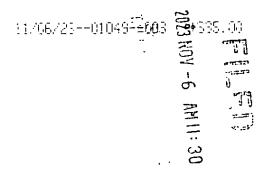


(Requestor's Name)						
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PICK-UP WAIT MAIL						
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Certified Copies Certificates of Status						
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Special Instructions to Filing Officer:						
Wills						
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Office Use Only





COVER LETTER

	egistration Section ivision of Corporations					
SURJECT	WEST NEW YORK PLACE, LLC Name of Limited Liability Company					
Se Du Le i						
Dear Sir o	r Madam:					
The enclos	sed Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.			
Please retu	um all correspondence concernin	g this matter to the	e following:			
Andrew Pi	erce					
	Name of Person					
Cindy's Flo	orida LLC					
	Firm/Company					
8051 N. Ta	amiami Trail STE E6					
	Address					
Sarasota, F	Horida, 34243					
	City/State and Zip Co	de				
reports@w	yominglicattorney.com					
E-ma	ail address: (to be used for future	annual report not	ification)			
For furthe	r information concerning this ma	tter, please call:				
Andrew Pi	erce	707 at (300-0042			
	Name of Person		Area Code & Daytime Telephone Number			
R D P.	lailing Address: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
E	nclosed is a check for the follow	ving amount:				
=	\$25 Filing Fee		\$55 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.

I. Na	ame of the limited liability company: WEST NEW YO	ORK PLAC	CE, LLC			
2. (a)	8051 N. Tamiami Trail STE E6	ſŀ	8051 N. T	Tamiami Trail STE E6		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Sarasota, Florida, 34243		Sarasota, Florida, 34243			
	07/03/2019		L19000164	4 241		
3.	Date of filing/registration in Florida	— 4.		Document number		
5. (a)	Shultz, Lisa					
	Registered Agent and Registered Office shown on the records o	- tc:				
	603 ALABAMA WOODS LANE					
	Registered Office Address (MUST BE FLORIDA STREET	_				
	ORLANDO . F	32824 L		20		
	\\\\\\\\			2023 NOV		
(b) _						
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office ad	<u>idress</u> :	0 1		
	Cindy's Florida LLC					
	NEW Registered Office Address:			— — — — — — — — — — — — — — — — — — —		
	8051 N. Tamiami Trail STE E6			. 30		
	Sarasota	FL 34243				
change agent v was/we he arti Signa	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited last each authorized by an affirmative vote of the members seeles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and age	e registere liability con of the limited limited l	ed office an ompany, it in the liability cor irew Pierce, tin this can	id the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in inpany. Manager Printed or typed name of signee Again. I further agree to comply with the		
ющие	ions of all statutes relative to the proper and complete igations of my position as registered agent as provided when the registered office address, I d'in writing of this change. Arew Pierce	e perform ed for in C I hereby co	ance of my Shapter 60: Onfirm that	auties, and I am Jamittar with and accep 5, F.S. Or, if this document is being filed the limited liability company has been		
An	· · · · · · · · · · · · · · · · · · ·					