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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.

Email Address:

LLC REGISTERED AGENT CHANGE 205 N MAGNOLIA LLC

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	COVER LETTER
TO: Registration Section Division of Corporations	
SUBJECT: 205 N MAGNOLIA	
Name	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Joshua Murphy	
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 annu-	al report notification)
For further information concerning this matter, p	dease call:
Joshua Murphy	888 705-7274
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following a	mount:
□ \$25 Filing Fee	S55 Filing Fee & Certified Copy

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. Name of the limited liability company: 205 N MAC	GNOLIA LLC
_{2. (a)} 2230 ROUTE 206, 1ST FL	(b) 2230 ROUTE 206, 1ST FL
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
BELLE MEAD, NJ 08502	BELLE MEAD, NJ 08502
8/14/2019	L19000203025
3. Date of filing/registration in Florida	4. Document number
5. (a) BLUMBERGEXCELSIOR CORPORATE SER	RVICES INC
Registered Agent and Registered Office shown on the records of the 155 OFFICE PLAZA DR, 1ST	
Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)
TALLAHASSEE	32301
(b) Registered Agent Solutions, Inc.	32301 SECRETA
Enter name of NEW Registered Agent and/or NEW Registered	Office address:
155 Office Plaza Dr.	S S S S S S S S S S S S S S S S S S S
NEW Registered Office Address: Suite A	AM 10: 03 # STATE FLORIES
Tallahassee , FL	32301
If the limited liability company is not organized under the law the change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limited lia was/were authorized by an affirmative vote of the members o the articles of organization or the operating agreement of the	the registered office and the business office of the registered bility company, it is hereby confirmed that the change(s) f the limited liability company or as otherwise provided in
/s/ Patrick J. Magee	Patrick J. Magee Member
Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I have the registered of the change	eartornamen at ma inters, and Lam familiar with and accord

Mackenzie Hart, Asst. Secretary

Signature of Registered Agent