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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 15912 STATE RD 40 LLC

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JUL 19 2022

M. SOLOMOH

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COVER LETTER

TO:	Registration Section
	Division of Corporations

15912 STATE RD 40 LLC

Name of Limited Liability Company

Dear Sir or Madam:

⊙ 07/18/2022 7:42 AM

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 Ag	ent Solutions, Inc.
	Firm/Company
Corporate Cer	nter One, 5301 Southwest Pkwy, Ste 400
	Address
Austin, TX 787	735
	City/State and Zip Code

For further information concerning this matter, please call:

Joshua	Mu	rphy	

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

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR

15129570210

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

LIMITED LIABILITY COMPANY

. (a)	444 ROUTE 111, STE 1	(444 ROU	ΓΕ 111, STE	1
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			dress of limited liability com MAY BE POST OFFICE BC	
	SMITHTOWN, NY 11787		SMITHTO	WN, NY 1178	37
	10/2/2020	_ 	L200003011	04	·
	Date of filing/registration in Florida	4.	Docum	ent number	
. (a)	BLUMBERGEXCELSIOR CORPORATE S	ERVICE	S, INC.		
. (")	Registered Agent and Registered Office shown on the records of		Dept. of State:		
	155 OFFICE PLAZA DR 1S	TFL.	· · · · · · · · · · · · · · · · · · ·		
	Registered Office Address	T ADDRES	<u>S)</u>	" (e ',	2852
	TALLAHASSEE	_L 323	01		
					$\overline{\varepsilon}$,
(b)	Registered Agent Solutions, Inc.			<i>¬</i> , −	-c ;
(b)	Registered Agent Solutions, Inc. Enter name of NEW Registered Agent and/or NEW Register	ed Office a	ldress:	M = 1 2 M 2 M	P :
(b)		rd Office a	ldress:		P :
(b)	Enter name of NEW Registered Agent and/or NEW Register	ed Office as	ldress:		
(b)	Enter name of NEW Registered Agent and/or NEW Register 155 Office Plaza Dr. NEW Registered Office Address: Suite A	ed Office an			 ;
f the li he cha gent w	Enter name of NEW Registered Agent and/or NEW Register 155 Office Plaza Dr. NEW Registered Office Address: Suite A	TL 3230 aws of the of the reg liability contraction of the line.	State of Florida, it stered office and the ompany, it is hereby nited liability compa	e business office of the i confirmed that the chai	t after registered nge(s)

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.

Mackenzie Hart, Asst. Secretary

Signature of Registered Agent