

**L20000368210**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (950) 617-6383

From:  
Account Name : FILE RIGHT LLC  
Account Number : T20170000091  
Phone : (718) 879-5811  
Fax Number : (718) 732-4580

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

Email Address: sales@fileacorp.com

**LLC REGISTERED AGENT CHANGE**

**NECG 5040 BH LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

**JAN 14 2021**

**M. SOLOMON**

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1/11/2021 10:16:29 AM PAGE 1/001 Fax Server



January 11, 2021

FLORIDA DEPARTMENT OF STATE  
Division of CorporationsNECG 5040 BH LLC  
ONE HILLCREST CENTER, STE. 310  
SPRING VALLEY, NY 10977SUBJECT: NECG 5040 BH LLC  
REF: L20000368210

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Brumbley  
Regulatory Specialist IIFAX Aud. #: H21000009685  
Letter Number: 521A00000529

Fax Reference: H21000017171 3

**COVER LETTER****TO:** Registration Section  
Division of Corporations**SUBJECT:** NECG 5040 BH LLC\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir 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

FILE RIGHT

\_\_\_\_\_  
Firm/Company

5314 16TH AVENUE, SUITE 139

\_\_\_\_\_  
Address

BROOKLYN, NY 11204

\_\_\_\_\_  
City/State and Zip Code

SALES@FILEACORP.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SARA

718

878-5811

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person\_\_\_\_\_  
Area Code & Daytime Telephone Number**Mailing Address:**Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**Street Address:**Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee☐ \$55 Filing Fee & Certified Copy

IN11818 (2/14)

Fax Reference: H21000017171 3

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CLERK OF STATE  
TALLAHASSEE, FL

Fax Reference: H21000017171 3

**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: NECG 5040 BH LLC
2. (a) ONE HILLCREST CENTER, SUITE 310  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
SPRING VALLEY, NEW YORK 10977
- (b) ONE HILLCREST CENTER, SUITE 310  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
SPRING VALLEY, NEW YORK 10977
3. DECEMBER 3, 2020  
Date of filing/registration in Florida
4. 120000368210  
Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
BUSINESS FILINGS INCORPORATED  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1200 SOUTH PINE ISLAND ROAD  
PLANTON, FL 33326
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
BUSINESS FILINGS INCORPORATED  
NEW Registered Office Address:  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33326

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

MARK FUCHS

Printed or typed 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

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

IN11518 (2/14)

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