

## Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000438397 3)))



**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*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 NORTHEAST PROPERTIES LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

## 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

riori	aa.						
1.	Same of the limited liability company:	NORTHE	AST	PROF	PERTIES LLC		
2. (a	7901 4th St N		(b)	147-17	133rd Avenue		
-, (	Principal office address of limited li (Note: MUST BE STREET)		_ \-/		dailing address of limited liab (Note: MAY BE POST OF)		
	STE 300						
	St. Petersburg FL 33702			Jamaica	NY 11436		
	11/20/2020		l	_200003	368288		
3.	Date of filing/registration i	n Florida	4.		Document number		
5. (:	URS AGENTS, LLC						
., (	Registered Agent and Registered Office sho	wn on the records of the	he Florida	Dept. of State			
	3458 LAKESHORE DRIV	Έ			** \(\frac{1}{2}\)	282	
3458 LAKESHORE DRIVE  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)							
	TALLAHASSEE	, FL	32312			· <del>-</del>	FILED
(b) Registered Agents Inc.  Enter name of NEW Registered Agent and/or NEW Registered Office.				2312 ED AN 70: 45			
			Office add				
	7901 4th St N						
	NEW Registered Office Address:				•		
	STE 300				-		
	St. Petersburg	, Fl_	33702				
the clagent was/sthe are Significant I her provide the or to me	limited liability company is not organ hange or changes are made, the Florida will be identical. Or, in the case of a were authorized by an affirmative vote rticles of organization or the operating nature of a member or authorized representative reby accept the appointment as registered beligations of my position as registered reely reflect a change in the registered red in writing of this change.	a street address of Florida limited lia of the members of agreement of the e of a member	the regis bility co f the limi limited li Rile	tered office mpany, it is ted liability ability con y Park in this cape	e and the business office is hereby confirmed that the company or as otherwise apany.  Printed or typed name of signature.  I further garree to	of the re he chan se provi	gistered gc(s) ded in
15	Bill Havre	e - Assistant	Secret	ary			

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

Signature of Registered Agent