L21000002534

(Requestor's Name)				
(Ad	ddress)			
(Ad	ddress)			
(Cit	ty/State/Zip/Phone #)			
PICK-UP	☐ WAIT ☐ M	1AIL		
(Bu	usiness Entity Name)			
(Do	ocument Number)			
Certified Copies	_ Certificates of Status			
Special Instructions to Filing Officer:				
	J. HORNE			
	SEP - 2 2022			
		1		

Office Use Only



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UJANE TERM

2022 SEP -1 AM 10: 20 SECRE DARY OF STA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 09/01/2022	_		⇔WALK IN⇔
ENTITY NAME_LCE P	artners, LLC		
DOCUMENT NUMBER_			
	PLEASE FILE TH	HE ATTACHED AND RETURN	
XXXXX	Plain Copy		
	Certified Copy		
<u> </u>	Certificate of Status		
	Certified Copy of Arts Certificate of Good Sta		
	APOSTILLE' / N	NOTARIAL CERTIFICATION	
COUNTRY OF DESTINA			
NUMBER OF CERTIFICA	17ES REQUESTEU		
TOTAL OWED \$25	 	ACCOUNT #: I2016000007	2
		S. 87/10	
Please call Tina at t	the above number for	any issues or concerns. Thank you s	o much!

COVER LETTER

	egistration Section livision of Corporations						
SUBJEC	LCE Partners, LLC						
	ì	Name of Limited Liability Company					
Dear Sir o	or Madam:						
The enclo	sed Registered Agent/Registered	Office Change a	nd fee(s) are submitted for filing.				
Please ret	urn all correspondence concerning	g this matter to th	ne following:				
Tsvi Gold	stein						
	Name of Person						
Platinum l	Filings LLC						
	Firm/Company						
99 West F	lawthorne Ave., Suite 408						
	Address						
Valley Str	ream/NY 11580						
	City/State and Zip Coo	de					
agent@pla	atinumfilings.com						
E-m	iail address: (to be used for future	annual report no	stification)				
For furthe	er information concerning this ma	tter, please call:					
Tsvi Gold	stein	800	263-1553				
	Name of Person		Area Code & Daytime Telephone Number				
R D P	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
F	inclosed is a check for the follow	ring amount:					
Ĩ	\$25 Filing Fee		\$55 Filing Fee & Certified Copy				

INHS18 (2/14)

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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.

(a)	1000 GATES AVE. BROOKLYN, NY 11221	(b) 10	00 GATES AVE. BROOKLYN, NY 11221
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1/5/2021	1.210	000002534
	Date of filing/registration in Florida	4.	Document number
(a)	Veorp Services, LLC		
()	Registered Agent and Registered Office shown on the records of 1200 S PINE ISLAND ROAD	the Florida Dept	t. of State;
	Registered Office Address (MUST BE FLORIDA STREET) Plantation	ADDRESS)	
		33324	
b)	PLATINUM AGENT SERVICES LLC		ZI SI TAL
.,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office address	ZZS
	155 Office Plaza Dr		EP-J
	NEW Registered Office Address:		#H10: 20
	Tallahassee, FI	32301) 1:20
nt w /we	mited liability company is not organized under the lator changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lifter authorized by an affirmative vote of the members called of organization or the operating agreement of the	registered on ability compar of the limited	nce and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	/s/ Leopold Friedman	Leopold I	Friedman
	ure of a member or authorized representative of a member	-	Printed or typed name of signee

/s/ Steven Friedman

Signature of Registered Agent