## L21000112522

(Requestor's Name)			
(Address)			
(Addiess)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
J DENNIS			
AUG - 7 2023			

Office Use Only



000410168250

2023 JUN 14 PM 2: 00:

## **COVER LETTER**

TO: Registration Section Division of Corporations		
761 Plantation Drive LLC SUBJECT:		
Nan	ne of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	ice Change a	nd fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to th	ne following:
James D. Bellissimo, CPA		
Name of Person		
BSB Associates Ltd.		
Firm/Company		<del></del>
201 Moreland Road Ste 3		
Address		
Hauppauge NY 11788		
City/State and Zip Code		<del></del>
jim@bsbny.cpa		
E-mail address: (to be used for future ann	ual report no	tification)
For further information concerning this matter,	, please call:	
James D. Bellissimo, CPA	631 at (	543-7700 Ext 21
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	٥	\$55 Filing Fee & Certified Copy

INHS18 (2/14)



## 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.

2. (a)	761 Plantation Drive LLC	(b)	
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	201 Moreland Road Suite 3		
	Hauppauge NY 11788		
	03-18-2021	L	.21000112522
3.	Date of filing/registration in Florida	— <sub>4.</sub> –	Document number
5. (a)	Legaline Corporate Services Inc.		
5. (a)	Registered Agent and Registered Office shown on the records	of the Florida I	Dept. of State:
	Legaline Corporate Services Inc.		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	
	476 Riverside Avenue		S.E.
	Jacksonville	FL_32202	SECRETARY 2023 JUN 14
(L)	Douglas M. Matz		
(b)	Enter name of NEW Registered Agent and/or NEW Register	red Office add	<u>ress:</u> ₽ 2000
			2: (
	Douglas Matz		
	NEW Registered Office Address:		•
	2000 Cheney Highway, Suite 103-289	<del></del> .	
	Titusville	FL	<del></del>
change agent v was/we the arti	imited liability company is not organized under the or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member cles of organization or the operating agreement of twie of a member or authorized representative of a member	he registered liability con s of the limit he limited lia	npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
provisi the obl to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple igations of my position as registered agent as provi ely reflect a change in the registered office address, the writing of this change.	igree to act i de performa ded for in Ch I hereby con	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accep hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been

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

Signature of Registered Agent.