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.

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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 : FILE RIGHT LLC

Account Number : 120170000091 : (718)878-5811

Phone : (718)732-4580 Fax Number

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 BLESS EAGLES LANDING LLC

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

M. SOLOMON

FEB - 1 2024

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TO: Regi

Registration Section
Division of Corporations

SUBJECT: BLESS EAGLES LANDING LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filling.

Please return all correspondence concerning this matter to the following:

Mark Fuchs
Name of Person
File Right RA Services, LLC
Firm/Company
1425 37th Street, Suite 201
Address
Brooklyn, NY 11218
City/State and Zip Code
agent@fileacorp.com
E-mail address: (to be used for future annual report notification)

Щиновиюну

For further information concerning this matter, please call:

Sara Ringel

718 878-5811

l _______

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:

H240000388703

🛢 \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

2024 JAN 31 AM 9: 2

H240000388703

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) 3611 14 TH AVE STE 600 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) BROOKLYN, NY 11218 5/13/2021 Date of filing/registration in Florida (a) Business Filing Incorporated Registered Agent and Registered Office shown on the records of the 1200 South Pine Island Rd, Plantation, FL 33326 Registered Office Address (MUST BE FLORIDA STREET A)	4, le Florida Depi	Mailing address of limite (Note: MAY BE POS L21000211520 Document number	ed liability company: ST OFFICE BON
5/13/2021 Date of filing/registration in Florida (a) Business Filing Incorporated Registered Agent and Registered Office shown on the records of the 1200 South Pine Island Rd, Plantation, FL 33326	nc Florida Depi	Document number	
Date of filing/registration in Florida (a) Business Filing Incorporated Registered Agent and Registered Office shown on the records of the 1200 South Pine Island Rd, Plantation, FL 33326	nc Florida Depi	Document number	
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Registered Agent and Registered Office shown on the records of the 1200 South Pine Island Rd, Plantation, FL 33326		l. of State:	2824 JAH (
1200 South Pine Island Rd, Plantation, FL 33326			2024 JAH (
	DDKESS)		R24 JAH (
Registered Office Address			JAN (
			<u>⊒:</u>
•			
			<u></u>
(b) File Right RA Services, LLC			9
Enter name of NEW Registered Agent and/or NEW Registered C	Office address	ţ.	\sim
			7
625 E Twiggs Street, Ste. 110			
NEW Registered Office Address:			
		-	
Tampa, FL 33602			
 - ,			
he limited liability company is not organized under the law- ange or changes are made, the Florida street address of the re- ent will be identical. Or, in the case of a Florida limited liability some authorized by an affirmative vote of the members of articles of organization or the operating agreement of the liability.	registered of bility compa of the limited	frice and the business office any, it is hereby confirmed I liability company or as of	that the change(s)
/s/ Mark Fuchs		ichs, Authorized Person	
Signature of a member or authorized representative of a member		Printed or typed name	e of signee
nereby accept the appointment as registered agent and agre ovisions of all statutes relative to the proper and complete p to obligations of my position as registered agent as provided merely reflect a change in the registered office address, I h tified in writing of this change.	ee to act in to verformance I for in Chap vereby confir	this capacity. I further agree e of my duties, and I am Jan pier 605, F.S. Or, if this do rm that the limited liability	ee to comply with the niliar with and accep ocument is being filea ocompany has been