Florida Department of State Division of Corporations

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(((H24000130271 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: FILE RIGHT LLC Account Name Account Number : I20170000091 Phone : (718)878-5811 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: | |
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LLC REGISTERED AGENT CHANGE 13710 19TH 4705 CITRUS LLC

| Certificate of Status | 0 |
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| COVER | LETTER H24000130271 3 |
|--|--|
| TO: Registration Section Division of Corporations | |
| SUBJECT: 13710 19TH 4705 CITRUS L Name of Limited | L.C. Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Change an | d fec(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the | e 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 not | ification) |
| For further information concerning this matter, please call: | |
| Sara Ringel 718 at (| 878-5811 |
| 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

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. | Ne | me of the limited liability company: 13710 19T | H 47.0 | 5 CITRUS LLC | |
|---|---|--|--|---|--|
| 2. | . (a) 15 MELNICK DR, UNIT 794 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) MONSEY, NY 10952 | | (b) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| 3. | | 6/4/2021 Date of filing/registration in Florida | | L21000260786 Document number | |
| 5. | (a) | RIVERSIDE FILINGS LLC | | | |
| Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 155 OFFICE PLAZA DR 1ST FLOOR, TALLAHASSEE, FL 32301 Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | | |
| | (b) | File Right RA Services, LLC Enter name of NEW Registered Agent and/or NEW Registered. | Office address | 2024 APR -9 | |
| | | 625 E Twiggs Street, Ste. 110 | | | |
| | | NEW Registered Office Address: | | <u>ယ</u> ဟ | |
| | | Tampa, FL 33602 | | | |
| che age wa | ange ent v s/we | imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l | registered o bility comp f the limited | office and the business office of the registered any, it is hereby confirmed that the change(s) d liability company or as otherwise provided in | |
| /s/ Mark Fuchs | | | Mark F | uchs, Authorized Person | |
| Signature of a member or authorized representative of a member | | | | Printed or typed name of signec | |
| 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 accepted obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filt 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. /s/ Mark Fuchs | | | | | |
| Signature of Registered Agent | | | | | |