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To:

Division of Corporations

15129570210

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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 FEEKS GLOBAL II LLC

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JUN 2 9 2022

K. Brumbley

COVER LETTER

TO: Registration Section Division of Corporations	· ·		
SUBJECT: FEEKS GLOBAL	. II LLC		
50555C1.	e of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this	is matter to the following:		
Joshua Murphy			
Name of Person			
Registered Agent Solutions, Inc.			
Firm/Company			
Corporate Center One, 5301 Southwes	st Pkwy. Ste 400		
Address			
Austin, TX 78735			
City/State and Zip Code			
E-mail address: (to be used for future ann	nual report notification)		
For further information concerning this matter.	, please call:		
Joshua Murphy	888 705-7274		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following	g amount:		
□ \$25 Filing Fee	S55 Filing Fee & Certified Copy		

□ \$25 Filing Fee

15129570210

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.

orida.	,					
Nan	ne of the limited liability company: FEEKS G	LOBAL II LL	.C			
5	200 E 66TH STREET STAPT B2006	(b) 200 E 66TH STREET STAPT B2006 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) NEW YORK, NY 10065				
(a) <u>_</u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)					
	NEW YORK, NY 10065	INEV	V TORK, I	11 10		
(9/30/2021	L2100	00430305			
-	Date of filing/registration in Florida	4.	Document nur	mber		
	BLUMBERGEXCELSIOR CORPORATE SE	ERVICES, INC.				
(a)	Registered Agent and Registered Office shown on the records o					
	155 OFFICE PLAZA DRIVE1ST FLC					
						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESSI				
	TALLAHASSEE .F	_L 32301			2027	
(b)	Registered Agent Solutions, Inc.			 : • .	82 NNC 2202	
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:			28	
	155 Office Plaza Dr.				PH G	
	NEW Registered Office Address:			3 -	1: 3	
	Suite A				σ	
	Tallahassee F	32301	<u>-</u> _			
e cha ent w	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members cles of organization or the operating agreement of the	liability company. of the limited liab	it is hereby confi ility company or	irmed that t	he change(s)	
	atthew Silpe	Matthew S	Silpe		ized Perso	
	ture of a member or authorized representative of a member		Printed or type			

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 accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed 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.

Mackenzie Hart, Asst. Secretary Signature of Registered Agent