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	To:
	Division of Corporations
	Fax Number : (850)617-6383
	From:
	Account Name : FILE RIGHT LLC
. 5	如意 Phone ; (718)878-5811
<u> </u>	Fax Number : (718)732-4580
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10	**Enter the email address for this business entity to be used for future
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LLC REGISTERED AGENT CHANGE CHARMER VENTURES 6 LLC

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

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TO	:	Ŕе	gis

gistration Section Division of Corporations

SUBJECT: CHARMER VENTURES 6 LLC

Name of Limited Liability Company

Dear Sir or Madam:

Mark Fuchs

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

Please return all correspondence concerning this matter to the following:

Name of Person			
Pile Right RA Services, LLC			
Pirm/Company			
1425 37th Street, Suite 201			
Address			
Brooklyn, NY 11218			
City/State and Zip Code		_	
aReut@tijeaco.b.com			
E-mail address: (to be used for future and	nual report notif	ication)	
For further information concerning this matter	r, please call:		
Sara Ringel	718 at (\$78-5811)	
Name of Days		Area Code & Doutine	Celenhane Number

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:

H240000388883

■ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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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.

1. 1	Name of the limited liability company: CHARMER	VENT	FURES 6 LLC	_
2. (a	PROCKERN AVENUE, SUITE D Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	_
	BROOKLYN, NY 11230			_
3.	10/27/2021		L21000465408	_
	Date of filing/registration in Florida	4.	Document number	
5. (8) Business Filing Incorporated			
`	Registered Agent and Registered Office shown on the records of the	ie Florida Dep	ept. of State:	
	1200 South Pine Island Rd, Plantation, FL 33326			_
	Registered Office Address (MUST BE FLORIDA STREET A.	DDRESS)	 -	() / q
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			 ;	
(h) File Right RA Services, LLC			7
(•	Enter name of NEW Registered Agent and/or NEW Registered C	Office address		مِ
			, in the second	2
	625 E Twiggs Street, Ste. 110			
	NEW Registered Office Address:			
	Tampa, FL 33602			
chanj ageni	limited liability company is not organized under the laws ge or changes are made, the Florida street address of the re- will be identical. Or, in the case of a Florida limited liab were authorized by an affirmative vote of the members of tricles of organization or the operating agreement of the I	registered o: bility compe f the limited	office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in	,
/s/ Mark Fuchs			Fuchs, Authorized Person	
- 0	nature of a member or authorized representative of a member		Printed or typed name of signee	
the o	eby accept the appointment as registered agent and agre sions of all statutes relative to the proper and complete p bligations of my position as registered agent as provided rely reflect a change in the registered office address, I h ed in writing of this change.	ee to act in t performance for in Chap ereby confit	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been	!
	/ Mark Fuchs			
Signo	ture of Registered Agent		H240000388883	