Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000038890 3)))



H240000388903ABC1

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
		Fron	1:
		₹.	Account Name : FILE RIGHT LLC
P-04	는 다	변호호	Account Number : I20170000091
-	<u>::</u>	X 70	Phone : (718)87B-5811
_ <u> </u>		الم يُحِين	Fax Number : (718)732-4580
M423-	- برا سال		·
ations:		1- (11)	
<u> </u>		Enti	er the email address for this business entity to be used for future
	د.ن دی	77.0	annual report mailings. Enter only one email address please.**
ganter. Fra	45	.54	
(;	독교된	Email Address:
Ē	¥208		
٠ - نــ و		0	

LLC REGISTERED AGENT CHANGE CHARMER VENTURES 7 LLC

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

M. SOLOMON

FEB - 1 2024

Electronic Filing Menu

Corporate Filing Menu

Help

		COVER	LETTER H24	40000388903	
TO:	Registration Section Division of Corporations				
SUB.	JECT: <u>CHARMER VENTUR</u> Na	ES 7 LLC me of Limited L	Liability Company		
Dear	Sir or Madam:				
The e	enclosed Registered Agent/Registered Off	fice Change and	fee(s) are submitted for filing.		
	e return all correspondence concerning th				
Mork	Fuchs				
- IVIGIR	Name of Person	· .			
	traine of rection				
File F	Right RA Services, LLC	<u></u>			202
	Firm/Company				بنج.
1425	37th Street, Suite 201				2024 JAN 3
	Address			: *	
Depoi	klyn, NY 11218				ÅH 9
D100		.	<u> </u>	• ; •	9:27
	City/State and Zip Code				_
agent	@fileacorp.com				
	E-mail address: (to be used for future and	nual r e port notif	fication)		
For f	urther information concerning this matter	r, please call:			
Sara	Ringel	718 at (878-5811		
	Name of Person	III (Area Code & Daytime Telephone N	 lumber	
	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 81 Tallahassee, FL 32303	0	
	Enclosed is a check for the following	g amount:	r.	1240000388903	
		S55 Filing Fee & Certified Copy	127000030703		

H240000388903

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 understyned 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. N	ame of the limited liability company: CHARMER	VENT	URES 7 LLC
2. (a)	1510 MCDONALD AVENUE, SUITE D Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) BROOKLYN, NY 11230	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	10/27/2021 Date of filing/registration in Florida	4.	L21000465409 Document number
5. (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		
			2024 JAN 3 1 AM
(b)	File Right RA Services, LLC Enter name of NEW Registered Arent and/or NEW Registered	Office address	9: 27
	625 E Twiggs Street, Ste. 110		
	NEW Registered Office Address:		
	Tampa, FL 33602	·	
chang agent was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia tere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registered of ability compa of the limited	tice and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	Mark Fuchs		ochs, Authorized Person
_	alture of a member or authorized representative of a member	-	Printed or typed name of signee
provis the ob to mei notifie	rby accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as providerely reflect a change in the registered office address, I is a my titing of this change. Mark Fuchs	ree to act in t performance d for in Chap hereby confi	his capacity. I further agree to comply with the cof my duties, and I am familiar with and accept over 605, F.S. Or, if this document is being filed rn that the limited liability company has been
	ure of Ragistered Agent		H240000388903