Florida Department of State

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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : FILE RIGHT LLC

Account Number : I20170000091

: (718)878-5811

Fax Number

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Sinter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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LLC REGISTERED AGENT CHANGE 26 ROTONDA WEST YANKY LLC

Certificate of Status	0		
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K. Brumbley

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COVER LETTER

TO: Registration Section

Division of Corporations SUBJECT: 26 ROTONDA WEST YANKY LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing Please return all correspondence concerning this matter to the following: Mark Puchs Name of Person File Right RA Services, LLC Firm/Company 1425 37th Street, Suite 201 Address Brooklyn, NY 11218 City/State and Zip Code ageni@fileacorp.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 718 87B-5811 Sara Ringel at (_ Area Code & Daytime Telephone Number Name of Person Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassec, FL 32303

Enclosed is a check for the following amount:

H240000387363

\$25 Filing Fee INH\$18 (2/14)

□ \$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. Name of the limited liability company: 2 6 ROI	TONDA W	EST YANKY LLC
2. (a) 747 CHESTNUT RIDGE ROAD STE 202	(b) P	O BOX 355
Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	•	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
SPRING VALLEY, NY 10977		TALLMAN, NY 10982
3. 10/27/2021		L21000465534
Date of filing/registration in Florida	4.	Document number
5. (a) Business Filing Incorporated		
(a) Business Filing Incorporated Registered Agent and Registered Office shown on the record	rds of the Florida De	ent. of State:
Registered Agent and registered Office anothrous the recon	da or mar i daridir ba	pri di dibita.
1200 South Pine Island Rd, Plantation, FL 33326		
Registered Office Address (MUST BE FLORIDA STR	EET ADDRESS)	
		20
	_•	2024 JAN 3
(b) File Right RA Services, LLC		\tag{\tau_{\text{\tin}\text{\tint{\text{\tetx{\text{\tetx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\}\tittt{\text{\text{\texi}\text{\texititt{\text{\texitil{\text{\texitil{\text{\texi{\texi{\texi\tin}}\\ \tittt{\texititt{\tet{\texi{\texi{\texi{\texi{\texi{\texi{\texi}\texit{\texi{\t
Enter name of NEW Registered Agent and/or NEW Regis	stered Office addre	<u> </u>
		<u> </u>
625 E Twiggs Street, Ste. 110		ـــــــــــــــــــــــــــــــــــــ
NEW Registered Office Address:		
 •		
		_
Tampa, FL 33602		
If the limited liability company is not organized under the change or changes are made, the Florida street address cagent will be identical. Or, in the case of a Florida limit was/were authorized by an affirmative vote of the member the articles of organization or the operating agreement of	of the registered ted liability comp bers of the limite	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	Mark I	Fuelts, Authorized Person
Signature of a member or authorized representative of a member		Printed or typed name of signee
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and compile obligations of my position as registered agent as proto merely reflect a change in the registered office addressible in writing of this change.	d agree to act in plete performand ovided for in Cha uss, I hereby conj	n 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
/s/ Mark Fuchs	_	L) 2400002 972 £2
Signature of Registered Agent		H240000387363