Florida Department of State Official Corporations Electronic Filing Cover Shee

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

(((H24000027372 3)))



HOMOOOOTTOOARC

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

From:

Account Name : FILE RIGHT LLC
Account Number : 120170000091
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:	

LLC REGISTERED AGENT CHANGE 26 ROTONDA WEST ABE LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

JAN 29 2024

K. Brumbley

COVER LETTER

H240000273723

TO: Registration Section Division of Corporations SUBJECT: 26 ROTONDA WEST ABE 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 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 notification) For further information concerning this matter, please call: Sara Ringel 718 878-5811 at (___ Area Code & Daytime Telephone Number Name of Person Mailing Address: Street 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 Tallahassee, FL 32303

Enclosed is a check for the following amount:

H240000273723

3 \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

H240000273723

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. N	lame of the limited liability company: 26 ROTO	NDA_W	EST ABE L	. L.Ç			
2. (a)	747 CHESTNUT RIDGE ROAD STE 202 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) SPRING VALLEY, NY 10977	(b)		Asiling address of timited liability company: (Note: MAY BE POST OFFICE BOX)			
3.	10/27/2021		L21000465574				
	Date of filing/registration in Florida	4.	Documen	it number			
5. (a) Business Filing Incorporated						
	Registered Agent and Registered Office shown on the records of 1200 South Pine Island Rd, Plantation, FL 33326 Registered Office Address (MUST BE FLORIDA STREET)		ept. of State:				
					2		
	<u></u> ,			•	0.51		
				, •	02h JAH 26		
(b)				e	. 2		
	Enter name of NEW Registered Agent and/or NEW Registered	l Office addr	552 :	-	9	r = £#.	
					-0		
	625 E Twiggs Street, Ste. 110				72		
	NEW Registered Office Address:				P!112: 46		
	Tampa, PL 33602	_					
chang agent was/v	limited liability company is not organized under the law the or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registered ability com of the limit	office and the busing pany, it is hereby co ed liability company	ness office of th onfirmed that th	ie register ie change	ed (s)	
/s/	Mark Fuchs	Mark	Fuchs, Authorized Pe	erson			
Signature of a member or authorized representative of a member			Printed or	typed name of sign	icc .		
provis the ob to me	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I ded in writing of this change.	ree to act in performan d for in Ch hereby con	n this capacity. I fur ce of my duties, and apter 605, F.S. Or, firm that the limited	rther agree to c I I am familiar if this documen I liability comp	omply will with and c nt is being any has b	th the accept filed een	
/s/ 	Mark Fuchs			H240)0002 7 37:	23	
Signat	ture of Registered Agent			11210			