## Florida Department of State

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.

(((H24000027376 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FILE RIGHT LLC Account Number : I20170000091 : (718)878-5811 Phone 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. \*\*

-m-47	Address:			
Eillatt	AULI ESS			

## LLC REGISTERED AGENT CHANGE 26 ROTONDA WEST BRACH 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

H240000273763

TO: Registration Section Division of Corporations				
SUBJECT: 26 ROTONDA WE	ST BRACH L Name of Limited L	LC Liability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registere	d Office Change and	fee(s) are submitted for filing.		
Please return all correspondence concern	ing this matter to the	following:		
Mark Fuchs				
Name of Person	· · · · · · · · · · · · · · · · · · ·	<del></del>		
File Right RA Services, LLC				
Firm/Company		<del></del>		
1425 37th Street, Suite 201				
Address		<del>_</del>		
Brooklyn, NY 11218				
City/State and Zip C	lode	_ <del></del>		
agent@filcacorp.com				
E-mail address: (to be used for futu	re annual report notif	fication)		
For further information concerning this r	natter, please call:			
Sara Ringel	718 at (	878-5811		
Name of Person		Area Code & Daytime Telephone Number		
Mailing Address:		Street Address:		
Registration Section Division of Corporations	Registration Section Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		
	Tallahassee, FL 32303			

H240000273763

Enclosed is a check for the following amount:

■ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

H240000273763

## 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: 26 ROTO	N D A	WEST	BRACH LLC			
2. (a	747 CHESTNUT RIDGE ROAD, SUITE 202	(b) PO 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		TALLM	4N, NY 10982			
	·						
3.	10/27/2021	_	L210	00465890			
	Date of filing/registration in Florida	4.		Document number			
5. (a	) Business Filing Incorporated			•			
	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	- ::			
	1200 South Pine Island Rd, Plantation, FL 33326			_			
	Registered Office Address (MUST BE FLORIDA STREET						
				_			
				=	20%	•	
(b	)File Right RA Services, LLC	_		,	<u>۔</u> ج	· :	
ζ.,	Enter name of NEW Registered Agent and/or NEW Registered	d Office ad	dress:	<b>-</b>	2024 JAH 2 6		
	625 E Twiggs Street, Ste. 110			_	=	<u> </u>	
	NEW Registered Office Address:				K:	5	
				_	F1112.47	<del>.</del>	
						•	
	Tampa, FL 33602			_			
chang agent was/v	limited liability company is not organized under the large 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 ticles of organization or the operating agreement of the	e register ability co of the lin	ed office an impany, it is nited liabilit	d the business office s hereby confirmed the y company or as othe	of the regi	istered nge(s)	
/s.	/ Mark Fuchs	Ma	Mark Fuchs, Authorized Person				
•	nature of a member or authorized representative of a member			Printed or typed name of	•		
provi the or to me notifi	eby accept the appointment as registered agent and ag sions of all statules relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to act performed for in ( hereby c	t in this cape ance of my c Chapter 605 onfirm that	acity. I further agree duties, and I am fami , F.S. Or, if this doc the limited liability c	e to comply liar with a ument is be company he	with the nd accept eing filed as been	
/s	/ Mark Fuchs						
Signa	ture of Registered Agent						