Florida Department of State Division of Cover Sheet

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.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : FILE RIGHT LLC Account Number : I20170000091 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 CHAIM LLC

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

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Corporate Filing Menu

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COVER	LETTER
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TO: Registration Section Division of Corporations		
SUBJECT: 26 ROTONDA V	VEST CHAIM L Name of Limited L	
Dear Sir or Madam:		
The enclosed Registered Agent/Regist	tered Office Change and	fee(s) are submitted for filing.
Please return all correspondence conc	erning this matter to the	following:
Mark Fuchs		
Name of Pers	on	
File Right RA Services, LLC		
Firm/Compar	ıy	_
1425 37th Street, Suite 201		
Address		_
Brooklyn, NY 11218		
City/State and Zi	p Code	
agent@fileacorp.com		
E-mail address: (to be used for f	uture annual report notif	ication)
For further information concerning th	is matter, please call:	
Saru Ringel	718 at (878-5811
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

Enclosed is a check for the following amount:

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■ \$25 Filing Fee INHS18 (2/14)

☐ \$55 Filing Fee & Certified Copy

Tallahassee, FL 32303

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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. N	lame of the limited liability company: 26 ROTO	NDA	WEST CHAI	IM LLC		
2. (a)	747 CHESTNUT RIDGE ROAD STE 202 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b	(b) PO BOX 355 Mailing eddress of limited liability company: (Note: MAY BE POST OF FICE BOX)			
	SPRING VALLEY, NY 10977	_	TALLMAN, NY I	10982		
3.	11/5/2021 Date of filing/registration in Florida		L2100047679	96 nent number		
		7.	Docume	ient namoor		
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	ADDRESS	Į			
		-		26		
				22		
(1.3	Pill Birks 0 A Devices LL C			2024 JAN 26		
(0)	File Right RA Services, LLC Enter name of NEVY Registered Agent and/or NEW Registered	1 Office add	 dress:	2		
				-		
	625 E Twiggs Street, Stc. 110			PH		
	NEW Registered Office Address:			. 73		
	 •			PH 12: 4.0		
				.••		
	Tampa, FL 33602					
change 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 livers authorized by an affirmative vote of the members of licles of organization or the operating agreement of the	e registere ability co of the lim	d office and the bus mpany, it is hereby ited liability compa	isiness office of the registered confirmed that the change(s)		
/s/	Mark Fuchs	Mar	k Fuchs, Authorized I	Person		
Sign	ature of a member or authorized representative of a member		Printed o	or typed name of signee		
provis the ob to mer notifie	by accept the appointment as registered agent and ag ions of all statules relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree 10 act performo d for in C hereby co	in this capacity. I f ince of my duties, ar hapter 605, F.S. O infirm that the limit	further agree to comply with the ind I am familiar with and accept Or, if this document is being filed ted liability company has been		
	Mark Fuchs use of Registered Agent			H240000273773		
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