Floridia Decation of State Electronic Filing Cover Sheet

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(((H24000038712 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

Fax Number

: (718)732-4580

型硬色nter 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 SABAL PALM HOLDINGS BSD LLC

Certificate of Status	0
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Page Count	02
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COVER	LETTER

H240000387123

Registration Section TO: Division of Corporations

SUBJECT: SABAL PALM HOLDINGS BSD 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

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 Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

H240000387123

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LUBBILITY 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.

. (a)	(a) 15 MELNICK DR. UNIT 794					
` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	MONSEY, NY 10952			—		
				—		
	11/17/2021		L21000493226			
•	Date of filing/registration in Florida	4.	Document number			
	FISCH, JOEL					
i. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept.	ot, of Siste:			
		·				
	14 SUZANNE DRIVE, MONSEY, NY 10952 Registered Office Address	ADDRESS)				
	Registered Other Anmess	<u>, 120 (120)</u>	103			
			2024 JAN 3 SECRETAL			
			A A	==		
(b)	File Right RA Services, LLC		\$\frac{\pma_{\text{Act}}}{\text{Act}} \text{\$\frac{\pma_{\text{Act}}}{\text{Act}}} \text{\$\frac{\pma_{\text{Act}}}}{\text{Act}}} \text{\$\frac{\pma_{\text{Act}}}{\text{Act}}} \text{\$\frac{\pma_{\text{Act}}}{\text{Act}}} \text{\$\frac{\pma_{\text{Act}}}{\text{Act}}} \text{\$\frac{\pma_{\text{Act}}}{\text{Act}}} \text{\$\frac{\pma_{\text{Act}}}{\text{Act}}} \text{\$\frac{\pma_{\text{Act}}}}{\text{Act}}} \text{\$\frac{\pma_{\text{Act}}}{\text{Act}}} \text			
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	SS >>	Ÿì		
				erse)		
	625 E Twiggs Street, Ste. 110		SECTION TO			
	NEW Registered Office Address:		· 🛱 🗲			
	Tampa, FL 33602					
chang agent	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited learn authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	e registered of inbility compa of the limited	nany, it is hereby confirmed that the change(s) dilability company or as otherwise provided			
	Mark Fuchs	Mark Fu	uchs, Authorized Person			
	ature of a member or authorized representative of a member		Printed or typed name of signee			
_		gree to act in t e performance	this capacity. I further agree to comply with se of my duties, and I am familiar with and ac apter 605, F.S. Or, if this document is being f irm that the limited liability company has bee	the ept led		