Florida Department of State Distriction of Filing Cover Sheet

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(((H240000388183)))



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PPGRATIOHS E. FLGRIDA

To:

Division of Corporations

Fax Number : (850)617-6383

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

Phone : (718)878-5811 Fax Number : (718)732-4580

The state of the s

Email Address:_____

LLC REGISTERED AGENT CHANGE LANCASTER APT VENTURES III LLC

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Corporate Filing Menu

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K. Brumbles

COVER LETTER

H240000388183

Registration Section TO: Division of Corporations

SUBJECT: LANCASTER APT VENTURES HI 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 notif	fication)	
For further information concerning this matter, please call:		
Sara Ringel at (878-5811	
	A Cada & Cartine Telephon	e Numbi

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 INHS18 (2/14)

☐ \$55 Filing Fee & Certified Copy

H240000388183

H240000388183

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.

		VENTURES III L			
(a) 211 BLVD OF THE AMERICAS, SUITE 304	(0) ك	(b) <u>P.O. BOX 868</u> Mailing address of limited liability company:			
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)			
(NOIST DISTRICT TOURSE)					
LAKWOOD, NJ 08701	~	LAKEWOOD, NJ 08701			
11 100 100 1		L21000497815			
Date of filing/registration in Florida	4	Document number			
Date of Hing/registration in 1 to 100					
5. (a) Business Filing Incorporated		·			
Registered Agent and Registered Office shown on the records of	f the Florida De	pt, of State:			
Registered Office Address (MUST BE FLORIDA STREET	ADDRESSI				
Registered Office Address (MUST BE FLORIDA STREET					
			~		
			ÉH 2024 JAH 3		
			ت		
(b) File Right RA Services, LLC			محقرم معمد معمد سطت		
Enter name of NEW Registered Agent and/or NEW Registers	d Office addir	<u></u>	<u> </u>		
625 E Twiggs Street, Stc. 110	_		<u> </u>		
NEW Registered Office Address:			•		
TIETT ROBINETER OTHER PROPERTY.			<u>-</u>		
			5		
					
P. 21/02					
			and that offer the		
If the limited liability company is not organized under the leading or changes are made, the Florida street address of tagent will be identical. Or, in the case of a Florida limited	aws of the S he registered liability com s of the limi	tate of Florida, it is hereby confirm office and the business office of spany, it is hereby confirmed that ed liability company or as otherw	the change(s)		
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