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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : FILE RIGHT LLC
Account Number : I201700000091
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 301-331 N 20TH AVE LLC

DAMY 16 PH 1: 50

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Corporate Filing Menu

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COVER LETTER

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TO: Registration Section Division of Corporations	
SUBJECT: 301-331 N 20TH AVE I	LLC of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this n	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	l report notification)
For further information concerning this matter, ple	lease call:
Sara Ringel	718 878-5811 _at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	rangnassee, TD 32303

Enclosed is a check for the following amount:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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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.	Na	me of the limited liability company: 301-331 N 20TF	AVE LLC	
2. ((a)	4403 15 AVE STE 192 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) <u>_</u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		BROOKLYN, NY 11219		
3.		1/19/2022	 	L22000020649
		Date of filing/registration in Florida	4,	Document number
5.	(a) []]	Mendel Steiner		
		Registered Agent and Registered Office shown on the records of	the Florida De	ept. of State:
		1200 South Pine Island Rd, Plantation, FL 33326		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		17A
			· . <u> </u>	―― 影る ア
		,		HAY 16 F
((b)	File Right RA Services, LLC		
		Enter name of NEW Registered Agent and/or NEW Registered	Office addres	PILE PH 2: 25 TALLAHASSET FLORID
				¥
		625 E Twiggs Street, Ste. 110		
		NEW Registered Office Address:		
		Tampa, FL 33602		
		Tampa, T. L. JOOOR		
cha age was	nge nt w s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered of ability comp of the limite	office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
1	/s/ N	Mark Fuchs	Mark F	Fuchs, Authorized Person
Si	ignat	ure of a member or authorized representative of a member	-	Printed or typed name of signee
pro the to n not	visio obli nere ified	ny accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I l I in writing of this change. Mark Fuchs	ee to act in performanc d for in Cha hereby confi	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
		e of Registered Agent		