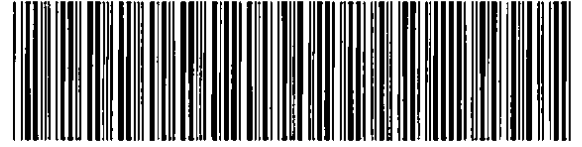


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 2043 Hesplaw 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:

Regina Chau  
Name of Person

2043 Hesplaw LLC  
Firm/Company

1425 York Avenue, Apt 10  
Address

New York, NY 10021  
City/State and Zip Code

regchau@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Regina Chau at ( 917 ) 650-6952  
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

Letter Number 323A00011331 I paid \$35

2023 JUN 20 AM 11:15  
SECURITY UNIT  
TALLAHASSEE, FL

**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. Name of the limited liability company: 2043 Hesplaw LLC

2. (a) ~~1425~~ Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  
 (b) \_\_\_\_\_ Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

1425 York Avenue Apt 10  
New York, NY 10021

PO Box 20321 Cherokee Station  
New York, NY 10021

3. 1/24/2022 Date of filing/registration in Florida

4. L22000025468 Document number

5. (a) \_\_\_\_\_ Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Heslovitz Shapiro PLLC  
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
930 S. Deland Blvd #1604  
Miami, FL 33156

(b) \_\_\_\_\_ Enter name of NEW Registered Agent and/or NEW Registered Office address:

Joshua C. Wells, Wright & Casey, P.A.  
NEW Registered Office Address:  
340 N. Causeway  
New Smyrna Beach, FL 32169

2023 JUN 20 AM 11:15  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

\_\_\_\_\_  
 Signature of a member or authorized representative of a member

Regina Guan  
 Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
 Signature of Registered Agent