

L22 000059288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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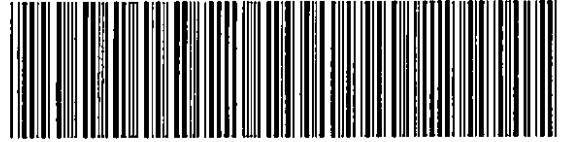
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wolf & Raven

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:

Michael V. Minando

Name of Person

Wolf & Raven

Firm/Company

43-23 42nd St., Apt B2

Address

SUNNYSIDE, N.Y. 11104

City/State and Zip Code

MVMASSETS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Minando at (516) 605-8247

Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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2023 APR 24 AM 10:55
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.

Wolf & Raven

1. Name of the limited liability company:

2. (a) 43-23 42nd St., Apt B2

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

SUNNYSIDE, N.Y. 11104

(b) 43-23 42nd St., Apt B2

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

SUNNYSIDE, N.Y. 11104

02/03/22

3. Date of filing/registration in Florida

L22000059288

4. Document number

5. (a) United States Corporation Agents, Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

476 RIVERSIDE AVE.

JACKSONVILLE

FL 32202

(b) Registered Agents Inc

Enter name of NEW Registered Agent and/or NEW Registered Office address:

7901 4th St N

NEW Registered Office Address:

STE 300

St. Petersburg

FL 33702

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]
Signature of a member or authorized representative of a member

Michael V. Miranda

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.

David Roberts

David Roberts - Assistant Secretary

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

2023 APR 24 AM 10:55

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