Florida Department of State Division of Corporations Electronic Fling Chyer Sheet

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To:

Division of Corporations

Fax Number

; (850)617-6383

From:

Account Name : FILE RIGHT LLC
Account Number : I20170000091
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 2355 191ST HOLDINGS LLC

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Corporate Filing Menu

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APR 1 0 2024

K. Brumbley

COVER LETTER -

H24000130262 3

TO: Registration Section
Division of Corporations

2355 191ST HOLDINGS LLC SUBJECT: 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: 878-5811 718 Sara Ringel at (Area Code & Daytime Telephone Number Name of Person Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

Enclosed is a check for the following amount:

■ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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 hability 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: 2355 1918	THO	<u>LDIN</u>	G S L L C			
2. (a)	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)			
2		Brooklyn, NY 11219		1 220	000078013			
3.		2/23/2022 Date of filing/registration in Florida		LZZ	Document number			
		3 3	••					
5. ((a)	Business Filing Incorporated Registered Agent and Registered Office shown on the records of the	e Florida D	eni of Sist				
		registered Agent and registered Office shown on the records of the						
		1200 South Pine Island Rd, Plantation, FL 33326						
		Registered Office Address (MUST BE FLORIDA STREET A						
					- ~>			
					2024 AFR			
					— 元			
(b)		File Right RA Services, LLC						
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office nddr	<u>'63\$</u> :				
					70			
		625 E Twiggs Street, Ste. 110						
		NEW Registered Office Address:			_ ਹੀ			
		Tampa, FL 33602		_				
char ager was	ige it v	imited liability company is not organized under the law or changes are made, the Florida street address of the r will be identical. Or, in the case of a Florida fimited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registered bility com f the limit	l office ar ipany, it i ted liabili	is hereby confirmed that the change(s) ty company or as otherwise provided in			
/	/s/ Mark Fuchs			Mark Fuchs, Authorized Person				
Signature of a member or authorized representative of a member			Printed or typed name of signee					
prov the d	visi obl iere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I ha I in writing of this change.	e to act in performan for in Ch ereby con	n this cap ace of my apter 60 afirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been			
		Mark Fuchs						
Sign	atu	re of Registered Agent						