Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000018095 3)))



H250000180953ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

🕰 ≼ Email Address:\_\_\_

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.\*\*

| 4:55 | ORIGINA<br>ORIGINA<br>Ema       |
|------|---------------------------------|
| 記    |                                 |
| R.   | 43.5                            |
|      | 15.52.8<br>115.10.8<br>131.10.8 |

## LLC REGISTERED AGENT CHANGE 3160 NW 63 LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

TO:

## **COVER LETTER**

H250000180953

| TO: Registration Section Division of Corporations  | ·  |
|--|--|
| SUBJECT: 3160 NW 63 LLC Name of Lim  | ited Liability Company   |
| Dear Sir or Madam:   |  |
| The enclosed Registered Agent/Registered Office Change   | e and fee(s) are submitted for filing.   |
| Please return all correspondence concerning this matter t  | o the following:   |
| Mark Fuchs   |  |
| Name of Person   |  |
| File Right RA Services, LLC  |  |
| Firm/Company   |  |
| 1425 37th Sheet, Suite 201   |  |
| Address  | <del></del>  |
| Brooklyn, NY 11218   |  |
| City/State and Zip Code  | <del></del>  |
| agent@fileacorp.com  |  |
| E-mail address: (to be used for future annual report   | notification)  |
| For further information concerning this matter, please ca  | 11:  |
| Sara Ringel  | 3 878-5811<br>)  |
| 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 |

■ \$25 Filing Fee

Enclosed is a check for the following amount:

☐ \$55 Filing Fee & Certified Copy

H250000180953

## 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.

| l. Na                           | me of the limited liability company: 3160 NW 63 L   | LLC  |  |
|---------------------------------|---|--|--|
| 2. (a)                          | 1318 48TH STREET  | (b)  | NA 40 11 AP 5 21 195   |
|                                 | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)   |  | Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)   |
|                                 | ····  |  | TOTAL MARKET STATE OF THE STATE |
|                                 | BROOKLYN, NY 11219  |  |  |
|                                 |   |  |  |
| 2                               | 00114/0020  |  | 1.53000104054  |
| 3.                              | 03/14/2022  Date of filing/registration in Florida  | - <sub>4.</sub>  | L22000104954  Document number  |
|                                 | Date of mingregistration in Fronta  | ٦,   | bottment number  |
| 5. (a)                          | Business Filing Incorporated  |  |  |
| i                               | Registered Agent and Registered Office shown on the records of t  | he Florida Dept.   | of State:  |
| :                               | 1200 South Pine Island Rd, Plantation, FL 33326   |  |  |
|                                 | Registered Office Address (MUST BE FLORIDA STREET A   | ADDRESS)   | <del></del>  |
|                                 | <del>-</del>  | _  |  |
|                                 |   |  | <del></del>  |
|                                 |   |  |  |
|                                 |   |  | <del></del>  |
| . (P)                           | File Right RA Services, LLC   |  | : <b>2</b>   |
| (0)                             | Enter name of NEW Registered Agent and/or NEW Registered  | Office address:  | 2025 JAN 15  |
|                                 |   |  | : • J<br>:: A*   |
|                                 | 625 E Twiggs Street, Ste. 110   |  |  |
|                                 | NEW Registered Office Address:  |  |  |
|                                 | THE PROBLEM OF THE PROBLEM  |  | ₹ 0  |
|                                 |   |  | <b>&amp;</b>   |
|                                 |   |  |  |
|                                 | Tampa, FL 33602   |  | 7  |
|                                 |   |  |  |
| If the li                       | mited liability company is not organized under the law or changes are made, the Florida street address of the   | s of the State   | of Florida, it is hereby confirmed that after the  |
| agent w                         | vill be identical. Or, in the case of a Florida limited lia   | bility compar  | ny, it is hereby confirmed that the change(s)  |
| was/we                          | re authorized by an affirmative vote of the members o   | f the limited  | liability company or as otherwise provided in  |
|                                 | cles of organization or the operating agreement of the  |  |  |
|                                 | Mark Fuchs  | Mark Fuc   | chs, Authorized Person   |
| _                               | ure of a member or authorized representative of a member  |  | Printed or typed name of signee  |
| provisio<br>the obli<br>to mere | y accept the appointment as registered agent and agro<br>ons of all statutes relative to the proper and complete p<br>gations of my position as registered agent as provided<br>ly reflect a change in the registered office address, I h<br>in writing of this change. | ee to act in the<br>performance of<br>I for in Chapt<br>pereby confirt | is capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed in that the limited liability company has been  |
| /s/ N                           | 1ark Fuchs  |  |  |
| Signatur                        | e of Registered Agent   |  |  |