Electronic Filing Cover Sheet

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.

(((H24000038700 3)))



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

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Division of Corporations

Fax Number

; (850)517-6383

Account Name : FILE RIGHT LLC Account Number : I20170000091

: (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:	
P1111111111	Hadi (55)	

LLC REGISTERED AGENT CHANGE 221 SW 31ST LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:	Registration Section		H2400003 87 003
	Division of Corporations		
SUBJ	ECT: 221 SW 31ST LLC		
	Ne	une of Limited Lis	ability Company
Dear S	Sir or Madam!		
The er	nclosed Registered Agent/Registered Of	ffice Change and f	ec(s) are submitted for filing.
Please	return all correspondence concerning t	his matter to the fo	ollowing:
Nami	Ct.		
Mark	Name of Person	<u></u>	_
File R	ight RA Services, LLC		
	Firm/Company		_
1425	37th Street, Suite 201		
	Address		
Brook	lyn, NY 11218		
	City/State and Zip Code		
agent(@fileacorp.com		
	E-mail address: (to be used for future ar	unual report notific	cation)
For fu	other information concerning this matte	er, please call:	
Sara F	ting cl	718 at (878-5811
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section Division of Corporations
	Division of Corporations		The Centre of Tallahassee
	P.O. Box 6327 Taliahassee, FL 32314		2415 N. Monroe Street, Suite 810
	raiminasco, el 32314		Tallahassee, FL 32303

Enclosed is a check for the following amount:

H240000387003

■ \$25 Filing Fee INHS18 (2/14)

☐ \$55 Filing Fee & Certified Copy

H240000387003

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.

2. (a)	1318 48TH STREET	(b)	
	Principal office address of limited timbility company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	BROOKLYN, NY 11219		
	2/20/2002		L22000129068
3.	3/30/2022 Date of tiling/registration in Florida	- <u> </u>	Document number
	Date of timilategration in Frontia		2000
5. (a)	Business Filing Incorporated		
•	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 ADDRESS)		
			DOZY JAN
			2
(h)	File Right RA Services, LLC		AM AM
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
			<u> 프롤 = </u>
	625 E Twiggs Street, Ste. 110		m 40
	NEW Registered Office Address:		
			·····
	Tampa, FL 33602		
change agent v	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. O1, in the case of a Florida limited line ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered of ability compa of the limited	ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
/s/	Mark Fuchs	Mark Pu	chs, Authorized Person
Signe	Signature of a member or authorized representative of a member		Printed or typed name of signee
I here provis the ob- to mer notifie	by accept the appointment as registered agent and agrions of all statules relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act in the performance d for in Chap hereby confir	his capacity. I further agree to comply with the of my duties, and I am Jamiliar with and accep ter 605, F.S. Or, if this document is being filed on that the limited liability company has been
/s/	Mark Fuchs		
Signati	no of Registered Agent		