## Florida Department of State 22 Division of Corporations Blestron of 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.

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H240000273583ABC%

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

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:			
Emali	AGGCESS:			

# CALLES MAINTE

#### LLC REGISTERED AGENT CHANGE 26 REALTY WOODLAND LLC

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

Electronic Filing Menu

Corporate Filing Menu

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#### COVER LETTER

H240000273683

		COVER	LETTER	H2400002730
то:	Registration Section Division of Corporations			
SUBJ	ECT: 26 REALTY WOOL		Liability Company	<del></del>
_		14ame of Limited	Diability Company	
Dear S	ir or Madam:			
The er	closed Registered Agent/Registered	Office Change and	fee(s) are submitted for filin	g.
Please	return all correspondence concernin	ng this matter to the	: following:	
Mark :	Puchs			
	Name of Person	•		
File R	ight RA Services, LLC			
	Firm/Company		<del></del>	
1425 3	7th Street, Suite 201			
	Address			
Brook	yn, NY 11218			
	City/State and Zip Co	de		
agent(	gfileacorp.com			
	E-mail address: (to be used for future	annual report noti	fication)	
For fu	ther information concerning this ma	atter, please call:		
Sara R	ingel	718 at (	878-5811	
	Name of Person		Area Code & Daytime Te	elephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporatio The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	see

Enclosed is a check for the following amount:

H240000273683

■ \$25 Filing Fee INHS18 (2/14)

☐ \$55 Filing Fee & Certified Copy

H240000273683

### 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. 1	lame of the limited liability company: 26 REALT	ry w	OODLA	ND LLC	<del></del>		
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) PO BOX 355  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)					
	SPRING VALLEY, NY 10977		TALLMA	AN, NY 10982		-	
3.	3/30/2022			00129079		· · · · · · · · · · · · · · · · · · ·	
	Date of filing/registration in Florida	4.		Document number	•		
5. (a	Business Filing Incorporated		~~	_			
	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	:			
	1200 South Pine Island Rd, Plantation, FL 33326						
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS.	1	-			
			<del></del>	-			
				_		21	
					-	175	
(b)				_		<u>;</u> ;	
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	<u>lress</u> :		: 	2024 J.F.R 26	
	625 E Twiggs Street, Ste. 110			-		70	;
	NEW Registered Office Address:				-	PH 12:	
				_		æ ₽.	
						ردا	
	Tampa, FL 33602						
chang agent was/v	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registere ability co- of the lim	d office and mpany, it is ited liability	d the business offic hereby confirmed y company or as of	ce of the that the	register change	red (s)
/s/ Mark Fuchs			k Fuchs, Aut	horized Person			
Sign	ature of a member or authorized representative of a member			Printed or typed nam	e of signe	c	
provi. the ol to me	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I i ed in writing of this change	ree to act performa d for in C hereby ca	in this cape ince of my a chapter 605 onfirm that i	ncity. I further agr luties, and I am far , F.S. Or, if this do the limited liability	ee to co niliar w ocument compa	inply wi ith and d is being ny has b	th the accept g filed een
/s/	Mark Fuchs						
Signat	ure of Registered Agent				H24	0000273	1683