

L2200026855/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

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LLC RA&RO

Change

FILED
2024 JUL -3 AM 8:29
CLERK OF STATE
TALLAHASSEE, FLORIDA

A. RAMSEY
JUL 10 2024

RECEIVED
2024 JUL -3 PM 2:10
TALLAHASSEE, FLORIDA

*02250,00524,00671

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 07/03/2024

NAME: SKYWOOD LOFTS LLC

TYPE OF FILING: CHANGE OF REGISTERED AGENT

COST: 25.00

RETURN: PLAIN

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE





FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2024

FLORIDA FILING & SEARCH SERVICES INC

TALLAHASSEE, FL 32302

SUBJECT: SKYWOOD LOFTS LLC
Ref. Number: L22000268551

We have received your document for SKYWOOD LOFTS LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

Please fill in the new registered agent's address in paragraph 5 line b.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
OPS

Letter Number: 824A00014666

Please keep original filing date
Thank you

RECEIVED
2024 JUL -9 PM 1:45
TALLAHASSEE, FLORIDA

**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. Name of the limited liability company: SKYWOOD LOFTS LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

13 FIRST AVE.

13 FIRST AVE.

WATERBURY, CT 06710

WATERBURY, CT 06710

06/13/2022

L22000268551

3. Date of filing/registration in Florida 4. Document number

5. (a) Kirshner, Charles
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

155 OFFICE PLAZA DR. 1ST FL

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TALLAHASSEE, FL 32301

(b) RIVERSIDE FILINGS LLC

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

155 OFFICE PLAZA DR. 1ST FL

NEW Registered Office Address:

TALLAHASSEE, FL 32301

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.

/S/ELLIOTT TEITELBAUM

ELLIOTT TEITELBAUM

Signature of a member or authorized representative of a member

Printed or typed name of signee

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.

/S/ELLIOTT TEITELBAUM

Signature of Registered Agent