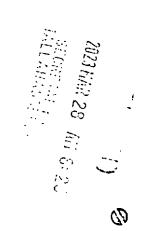
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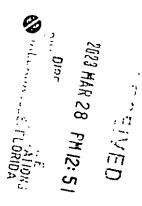
(Requestor's Name)						
(Address)	_					
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
: Copies Certificates of Status						
al instructions to Filing Officer:						
-NE						
J. HORNE						
MAR 2 9 2023						
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Office Use Only



600405483016





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:

03/28/23

NAME: FEM SB 4TH STREET LLC

TYPE OF FILING: CHANGE OF RA

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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. Na	me of the limited liability company: FEM SB 4TH ST	REET LLC		
2. (a)	2 CHANGEBRIDGE RD	(b)	2 CHANC	EBRIDGE RD
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	STE 201		STE 201	
	MONTVILLE, NJ 07045	_	MONTVII	LLE. NJ 07045
	6/28/2022	[L22000290053	
3.	Date of filing/registration in Florida	4.		Document number
	BUSINESS FILINGS INCORPORATED			
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Stat	- e:
	- Control of the cont		•	· · · · · · · · · · · · · · · · · · ·
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		- 169
	1200 SOUTH PINE ISLAND ROAD			2023 HAR 28 SECONDO
	PLANTATION, FI	33324		<u>.</u>
	CCS GLOBAL SOLUTIONS, INC.			Çm —
(b)	Enter name of NEW Registered Agent and/or NEW Registered	L Office add		-
	Enter name of NEW Registered Agent and/or NEW Registered	i ville add	103.	.0
				G)
	NEW Registered Office Address:	-		_
	155 OFFICE PLAZA DRIVE			
				_
	TALLAHASSEE	32301		
	, I·l			
change agent v was/w	imited liability company is not organized under the la cor changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	registered ability con of the limi	npany, it i ted liabilit	s hereby confirmed that the change(s) by company or as otherwise provided in
	_		Feliciano	
Signa	Cary Feliciano ture of a member or authorized representative of a member			Printed or typed name of signee
provis. the ob- to mer	by accept the appointment as registered agent and agions of all statutes 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.	r perjorma ed for in C	nce oj mv hapter 60.	5. F.S. Or, if this document is being filed
	nne Caswell, Assistant Secretary ire of Registered Agent			