

L22000290062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

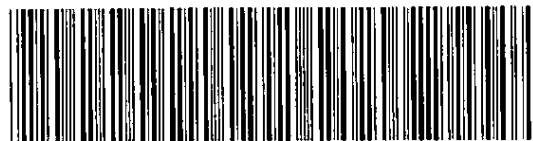
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**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

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

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**DATE: 03/28/23**

**NAME: FEM SB CENTRAL AVE LLC**

**TYPE OF FILING: CHANGE OF RA**

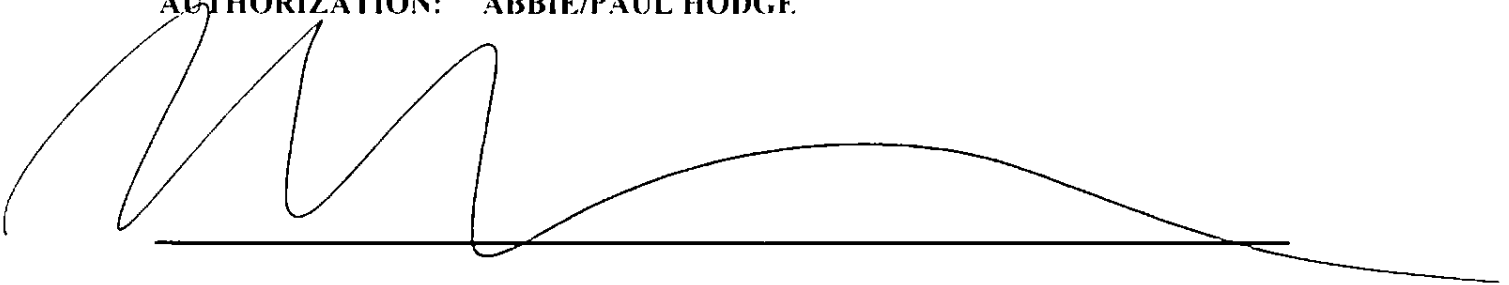
**COST: 25.00**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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**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: FEM SB CENTRAL AVE LLC

2. (a) <u>2 CHANGEBRIDGE RD</u> Principal office address of limited liability company: <i>(Note: <b>MUST BE STREET ADDRESS</b>)</i> <u>STE 201</u> <u>MONTVILLE, NJ 07045</u>	(b) <u>2 CHANGEBRIDGE RD</u> Mailing address of limited liability company: <i>(Note: <b>MAY BE POST OFFICE BOX</b>)</i> <u>STE 201</u> <u>MONTVILLE, NJ 07045</u>
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3. <u>6/28/2022</u> Date of filing/registration in Florida	4. <u>1.22000290062</u> Document number
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5. (a) BUSINESS FILINGS INCORPORATED  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

(b) CCS GLOBAL SOLUTIONS, INC.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address.  
155 OFFICE PLAZA DRIVE  
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/ Cary Feliciano  
Signature of a member or authorized representative of a member

Cary Feliciano  
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/ Joanne Caswell, Assistant Secretary  
Signature of Registered Agent

2023 MAR 28 PM 2:00