

L22 000 367 566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

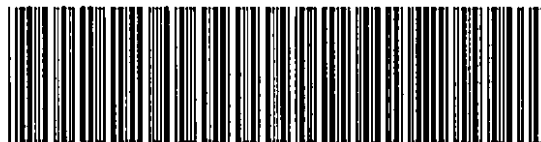
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2022 SEP 21 PM 2:58

SECRETARY OF STATE  
TALLAHASSEE, FL

12/20/2021

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 2050 West 56th FL LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joel Benes

\_\_\_\_\_  
Name of Person

Horizon Properties of Miami, Inc

\_\_\_\_\_  
Firm/Company

18610 NW 87th Avenue Suite 204

\_\_\_\_\_  
Address

Hialeah, FL 33015

\_\_\_\_\_  
City/State and Zip Code

jbenes@horizonpropertiesfl.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joel Benes

305

364-9945

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

# 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: 2050 West 56th FL LLC

2. (a) \_\_\_\_\_ (b) c/o Horizon Properties

Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

377 Park Avenue South, 5th Floor

18610 NW 87th Ave Suite 204

New York, NY 10016

Hialeah, FL 33015

8-18-22

L22000367566

3. Date of filing/registration in Florida

4. Document number

5. (a) Marjorie Margolies

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Marjorie Margolis

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

140 N Federal Highway 2nd

Boca Raton, FL 33432

(b) Joel Benes

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

Joel Benes

**NEW Registered Office Address:**

18610 NW 87th Avenue Suite 204

Hialeah, FL 33015

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**SECRETARY OF STATE**  
**TALLAHASSEE, FL**

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.

[Signature]  
Signature of a member or authorized representative of a member

Eden Ashourzadeh

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.

[Signature]  
Signature of Registered Agent