Florida Department of State

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.

(((H24000038752 3)))



H240000387523ABC+

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 : 120170000091

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:	_

LLC REGISTERED AGENT CHANGE 826 DIXIE LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25,00

Electronic Filing Menu

Corporate Filing Menu

Help

FEB 0 1 2024

K. Brumbley

INHS18 (2/14)

	COVER LI	CTTER		H240000387523
ΓΟ: Registration Section	COVERDI		•	112 100005 - 1020
Division of Corporations				
SUBJECT: 826 DIXIE LLC	of Limited Lie	ability Company		
	.	,,		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	Change and f	ce(s) are submitted	for filing.	
Please return all correspondence concerning this t	natter to the fo	ollowing:		
Mark Fuchs				
Name of Person	·	_		
File Right RA Services, LLC				
Firm/Company		_		
1425 37th Street, Suite 201				
Address		_		
Brooklyn, NY 11218				
City/State and Zip Code				
agent@fileacorp.com				
E-mail address: (to be used for future annua	l report notific	cation)		
For further information concerning this matter, pl	lease call:			
Sara Ringel	718 at (878-5811		
Name of Person		Area Code & Da	ytime Telephon	e Number
Mailing Address:		Street Addres		
Registration Section		Registration Se		
Division of Corporations		Division of Co		
P.O. Box 6327		The Centre of		010
Tallahassee, FL 32314		2415 N. Monre Tallahassee, F.		810
Enclosed is a check for the following at	mount:			H24000038752
S25 Filing Fee	□ \$5	is Filing Fee & Ce	rtified Copy	
▽		·-		

H240000387523

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: 8	26 DIXIE	<u>LLC</u>					
2. (a) 219-10 STEWART RD Principal office address of limited liabi (Note: MUST BE STREET AD.	(b) 130 WEST 25TH STREET, SUITE 4C Muiling address of limited liability company: (Note: MAY BE POST OFFICE BOX)						
QUEENS VILLAGE, NY 11427		_	NEW YO	ORK, NY 10001			
3. 9/14 <u>/2022</u>	· · · · · · · · · · · · · · · · · · ·		L220	00397535			
Date of filing/legistration in F	lorida 4	ļ		Document number	r		
5. (a) Business Filing Incorporated							
Registered Agent and Registered Office shown	on the records of the F	lorida De	ρι, of State	_ b:			
-							
1200 South Pine Island Rd, Plantation, Registered Office Address (MUST BE FL)		RF.SSI		.			
Registered Office Fluidies - Missis Day 18	<u> </u>	1120,000					
				_			
				_		~2	
(b) File Right RA Services, LLC					•	Ոշկ	
(b) File Right RA Services, LLC Enter name of NEW Registered Agent and/or	NEW Registered Offi	ice addre	53:	_		2024 JAH 3 I	
					*:	<u>ಸ್</u> ಎ	
625 £ Twiggs Street, Stc. 110							
NEW Registered Office Address:				-		PH	
MEN REBILLER OTHER ABOVES.							
				_		1: 2	
						, <u>-</u>	
Tampa, FL_33602							
				_			
If the limited liability company is not organize change or changes are made, the Florida street agent will be identical. Or, in the case of a Fl was/were authorized by an affirmative vote of the articles of organization or the operating agents.	t address of the reg orida limited liabili f the members of th	istered o ity comp ne limite	office an cany, it is ed liabilit	id the business offices because the substitute of the substitute o	ce of the I that th	e registe e chang	ered e(s)
/s/ Mark Fuchs	<u>-</u>			ithorized Person			
Signature of a member or authorized representative o	f a member			Printed or typed nan	င ဂြင်းစွာမ	ee	
I hereby accept the appointment as registere provisions of all statutes relative to the prope the obligations of my position as registered a to merely reflect a change in the registered of notified in writing of this change.	d against and agrees	to act in formand or In Cha eby conf	this cap se of my apter 605 firm that	acity. I further agg duties, and I am fa 5, F.S. Or, if this d the limited liability	ree to co miliar w ocumen y compo	omply w with and it is bein any has	ith the accept ng filed been
/s/ Mark Fuchs							
Signature of Degistered Agent							