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## COVER LETTER

TO: Registration Section Division of Corporations	
769 Plantation Drive LLC SUBJECT:	
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	ed Office Change and fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
James D. Bellissimo, CPA	
Name of Person	
BSB Associates Ltd.	
Firm/Company	
201 Moreland Road, Ste 3	
Address	
Hauppauge, NY 11788	
City/State and Zip C	Code
jim@bsbny.cpa	
E-mail address: (to be used for futu	re annual report notification)
For further information concerning this n	natter, please call:
James D. Bellissimo, CPA	631 543-7700 Ext 21
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 follo	owing amount:
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

## 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: 769 Plantation Di	rive LLC	<u> </u>				
2. (a	769 Plantation Drive LLC		(b)				
2. (u)	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)			
	201 Moreland Road, Ste 3						
	Hauppauge, NY 11788	<u> </u>					
	01/05/23		L2300000	3646	_		
3.	Date of filing/registration in Florida	4.		Document number			
5. (a	Legaline Corporate Services Inc.						
٥, (د	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of S	tate:			
	Legaline Corporate Services Inc.						
	Registered Office Address (MUST BE FLORIDA STREET	<del>_</del>					
	476 Riverside Avenue			_			
	Jacksonville	32202	-	<del></del>	2023	لب	
	, ri			<del></del>	<u>-</u>	:- <u>u</u>	
(b	Douglas M. Matz				2023 JUN 1 t	1A-m	
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	iddress:				
	Douglas Matz		<u> </u>		PH I	원 원 8 8	
	NEW Registered Office Address:			<del></del>	<u>ن</u>		
	2000 Cheney Highway, Suite 103-289				7 ·	<u> </u>	
	Titusville , FI	32780		<del></del>			
chang agent was/v the ar Sign	limited liability company is not organized under the law to or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the ature of a member or authorized representative of a member seby accept the appointment as registered agent and agrasions of all statutes relative to the proper and complete oligations of my position as registered agent as provided rely reflect a change in the registered office address, I is	register ability of the limited	red office a company, it mited liabil liability co- uglas M. Ma	and the business office of is hereby confirmed that lity company or as otherwompany.  Printed or typed name of signacity. I further agree to	the regis the char ise prov	stered nge(s) rided in	
to me notifi	rely reflect a change in the registered office address, I led in writing of this change.	nereby (	conjirm tha	и іле птива навину сотр	vany na:	s been	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent