

L23000 322612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

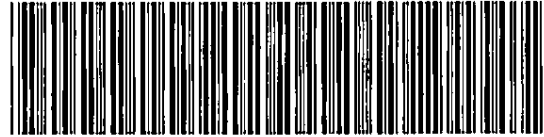
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 04/03/2025

Acc#I20160000072

mic DW

Name:	100 Bloom LLC
Document #:	
Order #:	16241041

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
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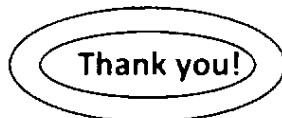
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W.P. Verifier _____
Ref# _____

Amount: \$ **25.00**



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 100 BLOOM 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:

Katherine Carpentier

Name of Person

RFR Holding LLC

Firm/Company

375 PARK AVE FL 10

Address

NEW YORK, NY 10152-1005

City/State and Zip Code

kcarpentier@rfr.com

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

For further information concerning this matter, please call:

Katherine Carpentier 212 8966467

Name of Person at () Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following 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: 100 BLOOM LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

375 Park Avenue 6th Floor

375 Park Avenue 6th Floor

New York, NY 10152

New York, NY 10152

07/05/2023

L23000322612

3. Date of filing/registration in Florida

4. Document number

5. (a) Tom Lavin

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

100 Biscayne Boulevard Suite 503

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Miami

, FL 33132

C T Corporation System

(b)

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

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

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

Katherine Carpenter
Printed or typed name of signer

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.

By: C T Corporation System

Sandra Zwijack, Assistant Secretary

Signature of Registered Agent

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