

L24000034923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

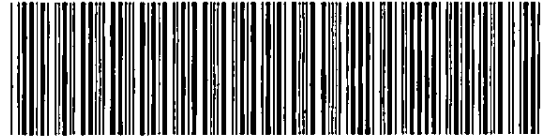
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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FILED

2024 APR 19 AM 10:40

STATE  
OFFICE

RECEIVED

2024 APR 19 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARB



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext:

To: Department Of State, Division Of Corporations  
From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com  
Ext:  
Date: 04/19/24  
Order #: 1488775-1  
Re: 9999 FL LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25. :120000000195

AUTH: *Shauna Godbolt*

Please take the following action:

File on a routine basis

Issue proof of filing

Return evidence to the following:

ATTN: Shauna Godbolt

c/o Corporation Service Company

251 Little Falls Drive

Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 9999 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:

Brian Shatz

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

Madison Realty Capital

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

520 Madison Avenue, Suite 3501

\_\_\_\_\_  
Address

New York, New York 10022

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

brian@madisonrealtycapital.com

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

For further information concerning this matter, please call:

Jigi Parikh-Silo

646

747-2233

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

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

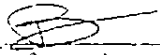
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*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: 9999 FL LLC
2. (a) 520 Madison Avenue, Suite 3501, NY, NY 10022  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)
- (b) 520 Madison Avenue, Suite 3501, NY, NY 10022  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)
3. January 17, 2024  
Date of filing/registration in Florida
4. L24000034923  
Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Philip Gross, P.A.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1900 Sunset Harbor Drive, Annex 2  
Miami Beach, FL 33139
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
Corporation Service Company  
NEW Registered Office Address:  
1201 Hays Street  
Tallahassee, FL 32301

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2024 APR 19 AM 10:40  
STATE OF FLORIDA

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 of a member or authorized representative of a member

Brian Shatz

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.*

Shauna Godbolt

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

FILING FEE: \$25.00