Maring Address SLAME S, COVEN, MANAGER SO ALACO WY NINER NUE N. 07075 SLAME S, CALCO WY NINER NUE N. 07075 SLAME S, ALACO WY NINER NUE N. 07075 SLAME	DOCUMENT # M0000001236 1. Entity Name LILLIAN ROSS FAMILY LLC						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS OI FEB -5 PM 4: 46					
Suite, Apt. #, etc. Suite, Apt. #, etc. Do NOT WRITE IN THIS SPACE MJ H City & State Country Zp Country Zp Country Tp Country En Applied For Replace To Suite Desired For Reported For Name and Address of New Registered Apent Name El Line Country Stered Address (PC Box Namber in Nova Accessingholo) For Reported For Reported For Reported For Reported For Reported For Name and Address of New Registered Apent Name El Line Country Stered Address (PC Box Namber in Nova Accessingholo) For Name and Address of New Registered Apent Name El Line Country Stered Address (PC Box Namber in Nova Accessingholo) For Name and Address of New Registered Apent For Name and Address of New Registered Apent Name El Line Country Stered Address For State For Name and Address of New Registered Apent Name El Line Country For Name and Address of New Registered Apent Name El Line Country For Name and Address of New Registered Apent Name El Line Country For Name and Address of New Registered Apent Name El Line Country For Name and Address of New Registered Apent For Name and Address of New Registered Apent For Name and Address of New Registered Apent Name El Line Country For Name and Address of New Registered Apent For Name and Address of New Registered A	% ELAINE S. COHEN. MANAGER % ELAINE S. COHEN. MANA 633 ALACCI WAY 633 ALACCI WAY					-						
Applied For Not Applicable City & State City & State A. FEI Number 22-3727473 Applied For Not Applicable Representation Repr	2. Principal Place of Business 3. Mailing Address							JUK BUKU UBIU UUI				
Zep Country Zip Country 5, Certificate of Status Desired	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRI	TE IN THIS SPA	ACE	HLM		
E. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAY'S STREET TALLAHASSEE FL 32301-2525 The above named subject soft of the purpose of changing its registered office or registered been, or both, in the State of Forder SIGNATURE Signature (Search Agents (Members in No. Acceptable) 15 3 5 8 STC of Haze or Projection in the State of Forder FL 2g Cody Signature (Search Agents (Members in No. Acceptable) 15 3 5 8 STC of Haze or Projection in the State of Forder FL 2g Cody Signature (Search Agents (Members in No. Acceptable) 15 3 5 8 STC of Haze or Projection in the State of Forder FL 2g Cody Signature (Search Agents (Members in No. Acceptable) 15 3 5 8 STC of Haze or Projection in the State of Forder FL 2g Cody Signature (Search Agents (Members in No. Acceptable) 15 3 5 8 STC of Haze or Projection in the State of Forder FL 2g Cody Signature (Search Agents (Members in No. Acceptable) 15 3 5 8 STC of Haze or Projection in the State of Forder FL 2g Cody FL 2g	City & State		City & State			4. FEI Nun	nber 22-3727473	}	_ 		<u>, </u>	
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CORPORATION SERVICE COMPANY 1201 HAVS STREET TALLAHASSEE FL 32301-2525 City Del Rough Beauth FL Zip Code Signature and a graphyrophrogists this statement for the purposes of changing its registered office or registered begant, or both, in the State of Floridge. SIGNATURE Signature (seat or Authority Trans of migritations appart and title 1 appealable. (INDIE Integrations Apart apparture registered begant, or both, in the State of Floridge. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS / MEMBERS TITLE MAKE ROSS, ALAN M 15 17TH STREET NORWOOD NJ 07648 CITY-ST-2P NORWOOD NJ 07648 COHEN, ELAINE S COTH-ST-2P NORWOOD NJ 07648 COHEN, ELAINE S COTH-ST-2P NORWOOD NJ 07648 COHEN, ELAINE S COTH-ST-2P NORWOOD NJ 07648 CITY-ST-2P NORWOOD NJ 07648		6. Name and Address of Current	Registered Agent			7. Name a	nd Address of New F	legistered Age	ent		7	
8. The above named epity splamits this statement for the purpose of changing its registered diffice or registered been, or both, in the State of Florida Signature Syname. Read of graph from or inquisioned agent and file 1 application. Court File Now!!! FEE Is \$50.00	1201 HAYS STREET				E Q Street Address (F 15 3 5 8	O Box Num	ber is Not Acceptable	7,UE "			-	
#######SO. On Delete MGR	8. The above named entity solemits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature. (ped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00									-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MGR COHEN, ELAINE S GSS ALACCI WAY RIVER VALE NJ 07675 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-					Department of	State	100/7/01/0	(0)1111050		<u> </u>		
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NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the	NAME STREET ADDRESS		☐ Delete	NAME STREET A	l l		٠.] Change	☐ Addition		
indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the	NAME STREET ADDRESS		☐ Delete	NAME Street al	- 1] Change	Addition		
SIGNATURE: 1 16 0 1 201 666 5 269 SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Date Description Phone #												