NICH CCOO 02828

(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:							

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ALLAHASSEE, mud

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOUNT	NO. :	1200000	00195					
		REFERE	NCE :	493739	7861292					
		AUTHORIZAT	: NOI	- Land	Edepan					
		COST LI	MIT :	\$ 25.00	/ 					
ORDER	DATE :	February 13,	2023							
ORDER	TIME :	9:16 AM								
ORDER	NO. :	493739-011								
CUSTON	CUSTOMER NO: 7861292									
CHANGE OF AGENT										
	NIAME.	WALDORF R	ידפע פסו	TITTONO						
	NAME:	WALDORF R	IOC ACI.	LOTTONS,	טטט					
PLEASE	RETURN	THE FOLLOWIN	IG AS PI	ROOF OF F	TI.TNG -					
					THENC.					
		FIED COPY STAMPED COPY	•							
CONTAC	T PERSON	N: Eyliena B	aker							

EXAMINER'S INITIALS:

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.	Na	ame of the limited liability company: WALDORF RIS	SK SOLL	JΤ	ITIONS, LLC			
2	(a)	24 West Carver Street	(h)	(b) 24 West Carver Street			
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	HUNTINGTON, NY 11743			HUNTINGTON, NY 11743				
		07/16/2004			M0400002828			
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)							
		Registered Agent and Registered Office shown on the records of REGISTERED AGENT SOLUTIONS, INC.	la Dept, of State:					
		Registered Office Address (MUST BE FLORIDA STREET	<u></u>					
		155 OFFICE PLAZA DR. SUITE A			₩231			
		TALLAHASSEE, FI	32301		THE STATE OF THE S			
					• 1			
	(b)				ddress:			
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	1 Office a	<u>da</u>				
		Corporation Service Company						
		NEW Registered Office Address:						
		1201 Hays Street						
		Tallahassee, FI	32301 					
cha age wa	ange ent v is/we	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members coles of organization or the operating agreement of the	ws of the register ability co of the lir	e S rec on nit	red office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in			
/s/ Jill Cilmi			Jill ——	Jill Cilmi, Authorized Person				
	_	ture of a member or authorized representative of a member			Printed or typed name of signee			
pro the to	ovisi e obl. mere	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide tly reflect a change in the registered office address. I I'm writing of this change.	ee to ac perform d for in hereby c	t i iar Cl	t in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and acce Chapter 605, F.S. Or, if this document is being file onfirm that the limited liability company has been	te ipt id		
Zi,) no gnatu	re of Registered Agent	Grace I	E.	E. Kirby, Asst. Vice President			