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To: Division of Corporations  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MULBERRY GROVE EAST RE LLC**

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2ND SUBMISSION !!!



April 30, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

MULBERRY GROVE EAST RE LLC  
C/O GREYSTONE HEALTHCARE MANAGEMENT CORP  
4042 PARK OAKS BLVD., SUITE 300  
TAMPA, FL 33610-9539

SUBJECT: MULBERRY GROVE EAST RE LLC  
REF: M10000000983

We have received your document for MULBERRY GROVE EAST RE LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

SUBMITTED FLORIDA LLC FORM BUT ENTITY IS FOREIGN LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons FAX Aud. #: H20000125437  
Regulatory Specialist II Supervisor Letter Number: 520A00008955

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: MULBERRY GROVE EAST RE LLC

Enter new principal office address, if applicable: 2071 FLATBUSH AVE SUITE 22

(Principal office address

MUST BE A STREET ADDRESS)

BROOKLYN NY 11234

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

2071 FLATBUSH AVE SUITE 22

BROOKLYN NY 11234

2. The Florida document number of this limited liability company is: M10000000983

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 03/03/2010

## SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: INTERSTATE AGENT SERVICES, LLC

New Registered Office Address: 100 SE 2ND STREET SUITE 2000 #209

Enter Florida Street Address

MIAMI

City

Florida

33131

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*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.*

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	NH REALTY HOLDINGS II LLC	152 WEST 57TH STREET, 60TH FLOOR	<input type="checkbox"/> Add
		NEW YORK, NY 10019	<input checked="" type="checkbox"/> Remove
MGRM	ELIEZER SCHEINER	2071 FLATBUSH AVE SUITE 22	<input checked="" type="checkbox"/> Add
		BROOKLYN NY 11234	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
(Signature of the authorized representative)

ALEX ENGLAND

Typed or printed name of signee

Filing Fee: \$25.00