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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email A	ddress:	
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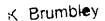
LLC REGISTERED AGENT CHANGE **SRF LLC**

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JUN 2 8 2022



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		COVER LE	ΓΤER	
	gistration Section vision of Corporations			;
SUBJECT	SRF LLC			
SOBJECT		of Limited Liab	oility Company	
Dear Sir o	r Madam:			
The enclos	sed Registered Agent/Registered Offic	e Change and fe	ee(s) are submitted fo	r filing.
Please retu	im all correspondence concerning this	matter to the fo	llowing:	
Josh	ua Murphy			
	Name of Person		-	
Register	red Agent Solutions, Inc.		_	
	Firm/Company		-	
Corpora	te Center One, 5301 Southwest	Pkwy, Ste 40	00	
·	Address			
Austin,	TX 78735		_	
	City/State and Zip Code			
E-m	ail address: (to be used for future annu	ual report notific	ation)	
For furthe	r information concerning this matter,	please call:		
Josh	ua Murphy	888	705-7274	
	Name of Person		Area Code & Daytir	ne Telephone Number
R D C 2	TREET/COURIER ADDRESS: egistration Section vivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301	Reg Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 323	
E	nclosed is a check for the following	amount:		
	\$25 Filing Fee	Q \$59	5 Filing Fee & Certifi	ed 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. Na	ame of the limited liability company: SRF LLC					
	329 NINTH STREET	(b) 329 NINTH STREET				
2. (a)	Principal office address of limited liability company:		failing address of	limited liab	ility con	
	(<u>Note: MUST BE STREET ADDRESS</u>)	DDOO	(<u>Note: MAY BE</u>			
	BROOKLYN, NY 11215	BRUC	OKLYN,	IN T I		
	12/4/2015	M1500	0009736		_	
3.	Date of filing/registration in Florida	4.	Document nun	nber		
5. (a)	BLUMBERGEXCELSIOR CORPORATE SE	RVICES, INC.				
J. (a)	Registered Agent and Registered Office shown on the records of		- .»:			
	155 OFFICE PLAZA DR.1ST					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)				
	TALLAHASSEE	32301	-	1 -	202	
(b)	Registered Agent Solutions, Inc.			<u>.</u> .	2022 JUN 27	ř
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	-	- •	2	温み至
	155 Office Plaza Dr.		_		7 AM II: 21	
	NEW Registered Office Address:			. ~		`-
	Suite A		_	•	25	
	Tallahassee, F	_L 32301	_			
the ch agent	limited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the registered of the liability company, it is of the limited liability	is hereby confir ty company or	rmed that	the ch	ange(s)
	Christopher McDonald	Christopher	McDonald			Person
Sign	ature of a member or authorized representative of a member		Printed or type of			
provis the ob- to met	eby accept the appointment as registered agent and as sions of all statutes relative to the proper and complet bligations of my position as registered agent as provide rely reflect a change in the registered office address, a ed in writing of this change. Mackenzie Hart, Asst. Secretary	gree to act in this cap le performance of my led for in Chapter 60 I hereby confirm that	pacity. I furthe duties, and I a 5, F.S. Or, if to the limited lia	r agree to m familia his docum bility com	comp or with nent is npany l	ly with the and accept being filed ias been
Sional	Mackenzie Hart, Asst. Secretary					