M17000006670

(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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or of CORFORATIONS AHASSEE, FLORIDA RECEIVE

A. BUTLER
JUN 2 1 2022

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

ACCOUNT NO. : 12000000195							
REFERENCE : 731948 4332382							
AUTHORIZATION : Spullelle							
COST LIMIT : \$ 25.000							
ORDER DATE : June 8, 2022							
ORDER TIME : 10:46 AM							
ORDER NO. : 731048-276							
CUSTOMER NO: 4332382							
CHANGE OF AGENT							
NAME TO DETECT A CO							
NAME: T RETAIL LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY							
XX PLAIN STAMPED COPY							
CONTACT PERSON: Eyliena Baker							
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	me of the limited liability company:							
2	(a)	725 FIFTH AVE	(b) 725 FIFTH AVE						
2,	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0,		dailing address of l (Note: MAY BE		•	
		NEW YORK, NY 10022	-		NEW YOR	RK, NY 10022			
		08/04/2017	_		M17000006	6670			
 5. 	(a)	Date of filing/registration in Florida NRAI SERVICES, INC	4.			Document num	ber		
٠.	(4)	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	f the Flo	orida	Dept. of State	• !:			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)							
		PLANTATION F	L_3332	24 ———			SECRE	2022 JUN 20	(No. of Street, 1982)
	(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office	e ade	ress:		A	JH 2	tutenen ::=====
		Corporation Service Company			يدر 💎 🔭				
		NEW Registered Office Address:				•	STA E, F!	AM 10: 42	
		1201 Hays Street					11	\$	
		Tallahassee, F	L3230)1					
cha age wa:	inge ent w s/we	mited liability company is not organized under the la or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited li re authorized by an affirmative vote of the members ales of organization or the operating agreement of the	e regis iability of the	tered cor limi	d office and npany, it is ted liability	I the business of hereby confirm company or as	ffice of the	e regis e chan	tered ge(s)
		ure of a member of authorized representative of a member			•	rized Person			
S	ignat	are of a member or authorized representative of a member	_		-	Printed or typed na	ame of sign	ce	
pro the to i not	visio obli nere ified	y accept the appointment as registered agent and agents of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing of this change.	ree to o perfor ed for i hereby	act i rmai in Ci v coi	n this capa ace of my d apter 605, afirm that th	city. I further a luties, and I am F.S. Or, if this he limited liabil	igree to co familiar v documen ity compa	omply with an it is be iny has	with the id accept ing filed been
Sin	natur	Wrace C-Kuby e of Registered Agent							
		Kirby, Asst. Vice President of Corporation Service Company Division of Corporations P.O.	Roy 6	377.	▶ Tallahasa	eao FI 27214			
		Division of Corporations F.O.	DOY O	J _ / 1	- Lananass	sec, r L 34314			

FILING FEE: \$25.00

INHS18 (2/14)