

M1800000 190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

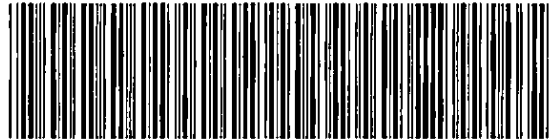
(Business Entity Name)

(Document Number)

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2023 SEP - 7 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FL

TALLAHASSEE, FLOR.

2023 SEP - 7 PM 3:38

RECEIVED

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

ACCOUNT NO. : I20000000195

REFERENCE : 945501 4344158

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : August 18, 2023

ORDER TIME : 10:48 AM

ORDER NO. : 945501-044

CUSTOMER NO: 4344158

CHANGE OF AGENT

NAME: CHAPINS LANDING TRUSTEE LLC

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PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS: \_\_\_\_\_

*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.*

<p>2. (a) <u>135 CROSSWAYS PARK DR</u></p> <p>Principal office address of limited liability company:  <i>(Note: MUST BE STREET ADDRESS)</i></p> <p><u>STE 401</u></p> <p><u>WOODBURY, NY 11797</u></p>	<p>(b) <u>135 CROSSWAYS PARK DR</u></p> <p>Mailing address of limited liability company:  <i>(Note: MAY BE POST OFFICE BOX)</i></p> <p><u>STE 401</u></p> <p><u>WOODBURY, NY 11797</u></p>
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01/08/2018	M18000000190
3. <u>Date of filing/registration in Florida</u>	4. <u>Document number</u>

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
NRAI SERVICES, INC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

(b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office** address:

Corporation Service Company

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**NEW** Registered Office Address:

1201 Hays Street

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Tallahassee, FL 32301

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TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Jill Cilmi, Authorized Person

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Printed or typed name of signee

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.

Signature of Registered Agent  
Grace E. Kirby, Asst. Vice President

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314**  
**FILING FEE: \$25.00**