M18000000 8659

(Requestor's Name)										
(Address)										
(Address)										
(Addiess)										
(City/State/Zip/Phone #)										
PICK-UP WAIT MAIL										
(D. 1. 5.1)										
(Business Entity Name)										
(Document Number)										
Certified Copies Certificates of Status										
Special Instructions to Filing Officer:										

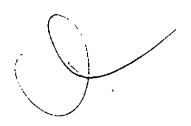




700393539857

09/06/22--01038--001 *+55.00

2022 SEP -6 PH 12: 09



COVER LETTER

TO: Registration Section Division of Corporations			•
552 Court, LLC SUBJECT:			
	Name of Li	mited L	iability Company
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	Office Cha	nge and	fee(s) are submitted for filing.
Please return all correspondence concernin	g this matte	r to the	following:
George Grandville			
Name of Person			
21 POMPEY AVE.			202
Firm/Company			2022 SEP -6 PH 12: 09
			-6
Address		, <u></u>	PH
STATEN ISLAND, NY 10312			2: 09
City/State and Zip Coo	de		_
geostanco@gmail.com			
E-mail address: (to be used for future	annual repo	ort notif	ication)
For further information concerning this ma	tter, please (call:	
George Grandville	at (_	917	681-8778
Name of Person			Area Code & Daytime Telephone Number
Mailing Address: Registration Section			Street Address: Registration Section
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the follow	ing amoun	t:	
□ \$25 Filing Fee		½ \$3	55 Filing Fee & Certified Copy

INHS18 (2/14)

. 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: 552 Court, LLC								
,				(b)						
	(=)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	,-,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
		21 Pompey Avenue	21 Pompey			y Avenue				
		Staten Island, NY 10312			Staten Islar	nd. NY 10312				
		9/17/2018		Ν	1180000086	659				
3.		Date of filing/registration in Florida	4.	_		Document number				
5.	(a)									
	ζ,	Registered Agent and Registered Office shown on the records of WRIGHT, THOMAS D, ESQ.	the Flori	da E	ept, of State	:				
		Registered Office Address (MUST BE FLORIDA STREET)	IDDRE.	SS)						
		9711 OVERSEAS HIGHWAY								
		MARATHON, FL	33050					21		
								2022 SFP -6		
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office	addr						
		Table datile of the Registered Agent and of the Registered	Ojiiii i		<u></u>			9-	_,	
		Yolanda Rodriguez						ΡH	1 1 3	
		NEW Registered Office Address:						PH I2: 09		
		13901 Lake Claire Court	-					9		
		Miami Lakes	33014							
cha age was the	inge ent v s/we arti ignat ignat ignat ignat ignat ignat ignat obli	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liable reauthorized by an affirmative vote of the members of cles of organization or the operating agreement of the nure of a member of authorized representative of a member on a of all statutes relative to the proper and complete in the registered agent as provided in reflect a change in the registered office address, I have reliable this change.	registe shility of the li limited Ge ee to acceptate	ered com mite l lia corg	office and pany, it is sed liability bility com e Grandvill	I the business offic hereby confirmed company or as of pany. le Printed or typed name activ. I further agree	e of the that the herwise of signer to comiliar to	e registe e chang e provid ce comply w with and	red e(s) ed in ith the	
Sig	natu	re of Registered Agent								
		Division of Corporations • P.O. F FILING F				see, FL 32314				