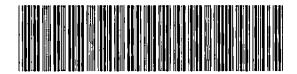
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(Requestor's Name)
(Address)
(,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing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

incserv

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

Florida Department of State
The Centre of Tallahassee

2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 2/25/2022

PRIORITY Regular Approval

OUR REF_#_(Order_ID#) 1002873

ORDER ENTITY
FLORIDA FALCON, LLC

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FLORIDA FALCON, LLC (FL)

File the attached change of agent document

NOTES:

\$25.00 Authorized

Email address for annual report reminders: danielroyfalcon@gmail.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely:

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Friday, February 25, 2022 Page 1 of 1

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.

	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 566 Linwood Avenue			(Note: MAY BE F	mited liability company:			
				[NOZE, 1997 B.S.	OST OFFICE BOA			
			566 Linw	wood Avenue				
	Ridgewood, NJ 07450	<u>-</u>	Ridgewoo	od, NJ 07450				
	03/28/2019		M1900000	3090				
3. 5. (a)	Date of filing/registration in Florida AGENT RESIGNED	4.		Document number	er			
), (B)	Registered Agent and Registered Office shown on the records of the	he Flor	ida Dept. of Stat	te:	2			
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRE</u>	<u>(555)</u>	_	2022 FEB 25 SECALLARD			
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	FI							
			. <u> </u>	_	SSEE S			
(b)	Incorporating Services, Ltd.	_	MHIO: 52					
I	Enter name of NEW Registered Agent and/or NEW Registered ()trice	adaress:		<u>L.)</u>			
	1540 Glenway Drive			_				
	NEW Registered Office Address:							
	Tallahassee F1	32301		_	·			
				<u>.</u>				
hange o gent wi	mited liability company is not organized under the laws or changes are made, the Florida street address of the nill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of eles of organization or the operating agreement of the li	egiste ility of the li mited	ered office and company, it is mited liabilit	d the business offices s hereby confirmed y company or as o	that the change(s)			
Signatu	ne of a member or authorized representative of a member			Printed or typed nam	ne of signee			
	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe gations of my position as registered agent as provided j by reflect a change in the registered office address, I he	e to ac erform for in reby	ct in this cape nance of my c Chapter 605 confirm that t	acity. I further agg luties, and I am fa , F.S. Or, if this d	ree to comply with the miliar with and accept ocument is being filed y company has been			