

8/30/22, 2:11 PM

Division of Corporations

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : INTERSTATE FILINGS LLC
Account Number : I20110000086
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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2022 AUG 30 3:17 PM

LLC REGISTERED AGENT CHANGE
BSD RALEIGH TRUSTEE LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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TALLAHASSEE, FL 0917

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BSD RALEIGH TRUSTEE LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEX ENGLARD
Name of Person

INTERSTATE FILINGS LLC
Firm/Company

301 MILL ROAD, SUITE U-5
Address

HEWLETT, NY 11557
City/State and Zip Code

AGENTSERVICE@INTERSTATEFILINGS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEX ENGLARD at (718) 569-2703
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$55 Filing Fee & Certified Copy

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TALLAHASSEE, FLORIDA
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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. Name of the limited liability company: BSD RALEIGH TRUSTEE LLC
2. (a) 745 FIFTH AVENUE Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) NEW YORK, NY 10151
(b) 745 FIFTH AVENUE Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) NEW YORK, NY 10151
3. 07/15/2019 Date of filing/registration in Florida
4. M19000006835 Document number

5. (a) UNITED CORPORATE SERVICES Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 9200 SOUTH DADELAND BLVD. SUITE:508 Registered Office Address (MUST BE FLORIDA STREET ADDRESS) MIAMI, FL 33156

(b) INTERSTATE AGENT SERVICES, LLC Enter name of NEW Registered Agent and/or NEW Registered Office address: 100 SE 2ND STREET, SUITE 2000 #209 NEW Registered Office Address: MIAMI, FL 33131

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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: [Signature] KEVIN NEUNER Printed or typed name of signer

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: [Signature]

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

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