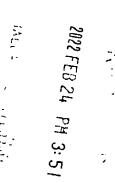


	(Daminatada Nama)					
	(Requestor's Name)					
	(Address)					
	(Address)					
	(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL				
·	(Business Entity Name)					
	(200111000 211111)					
	(Document Number)					
Certified Copies	Certificates of S	Status				
Special Instructions to Filing Officer:						
·						

Office Use Only



700382278917



CORPORATION SERVICE COMPANY

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

ACCOUNT NO. : 12000000195							
REFERENCE : 513187 8071995							
AUTHORIZATION : July of condi							
COST LIMIT : 05 25.00							
ORDER DATE : February 24, 2022							
ORDER TIME : 1:13 PM							
ORDER NO. : 513187-005							
CUSTOMER NO: 8071995							
CHANGE OF AGENT							
NAME: 104 LUTTGEN PLACE, LLC							
Mana. Tot Hollon Lunch, Hic							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY							
XX PLAIN STAMPED COPY							
CONTACT PERSON: Alexxis Weiland							
EXAMINER'S INITIALS:							

COVER LETTER

	gistration Section vision of Corporations						
SUBJECT	104 Luttgen Place LLC						
30barc 1	Name of Limited Liability Company						
Dear Sir o	r Madam:						
The enclos	sed Registered Agent/Registered O	ffice Change a	nd fee(s) are submitted for filing.				
Please retu	urn all correspondence concerning t	his matter to th	ne following:				
Andrew K	aplan, Esquire						
	Name of Person		,				
Epstein B	ecker & Green, P.C.						
	Firm/Company						
1 Beach D	Drive SE Suite 303						
	Address						
St. Peters	burg, FL 33701						
	City/State and Zip Code						
ANKaplan	@ebglaw.com						
E-ma	ail address: (to be used for future as	nnual report no	tification)				
For further	r information concerning this matte	er, please call:					
Andrew K	aplan, Esquire	609 at (455-1543 \				
	Name of Person	ai (Area Code & Daytime Telephone Number				
Re Di P.	egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Eı	nclosed is a check for the following	ng amount:					
۵	\$25 Filing Fee	0	\$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:	ace LL	C				
	Tyler Street Associates, L.L.C.	oot Associates III C		Tyler Stre	Tyler Street Associates, L.L.C.		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(1)	(b)			
	215 Sheffield Drive			215 Sheff	field Drive		
	Freehold, NJ 07728			Freehold,	, NJ 07728		
	November 13, 2020	_		M2000001	0370		
3.	Date of filing/registration in Florida	4.			Document number		
5 (a)	Corporation Service Company						
5. (a)	Registered Agent and Registered Office shown on the records of	f the Flo	orida	Dept. of State	e:		
	1201 Hays Street				202 - Edi		
	Registered Office Address (MUST BE FLORIDA STREET	ADDR	ESS	2	ਜੂਵਾ 7 2022 FEB 1		
	Registered Office Address				그 등 등 기를		
		3230	11		_ 2		
	Tallahassee, F	L			- 🚊 🙃		
	Attn: Andrew Kaplan, Esq.				•		
(b)		4 O.G.+					
	Enter name of NEW Registered Agent and/or NEW Registere	a Offic	e au	<u>11€33</u> .	∴		
	Epstein Becker & Green, P.C Andrew Kaplan, Es	q.	_		_		
	NEW Registered Office Address:						
	1 Beach Drive SE Suite 303				_		
	St. Petersburg, F	3370 L	01		_		
change agent v was/we the arti	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registiability of the limit	tere y co lim ed l	d office an mpany, it is ited liabilit	s hereby confirmed that the change(s) ty company or as otherwise provided in npany. n, Esquire		
	ture of a member or authorized representative of a member				Printed or typed name of signee		
provisi the obi to max	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ly reflect a change in the registered office address, I d in vriting of this change.	ree to e perfo ed for hereb	act ormo in C y co	in this cape ince of my i chapter 605 infirm that	acity. I further agree to comply with the duties, and I am Jamiliar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been		
Signatu	re of Registered Agent						
-							