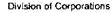
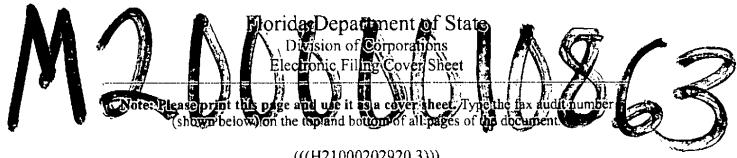
5/20/2021





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Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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M. SOLOMON

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To: 18506176383

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	me of the limited liability company:	2			_
2. (1	a)		((b)		
		Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	- '	· · · · · · · · · · · · · · · · · · ·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	_
		111 GREAT NECK RD., STE. 408		111 (TREAT NECK RD., STE. 408	
		GREAT NECK, NY 11021	- -	GRE	AT NECK, NY 11021	_
		11/30/2020	•	M200	00010863	
3.		Date of filing/registration in Florida	4.		Document number	_
5. (a)	UNITED CORPORATE SERVICES, INC				
J. (Registered Agent and Registered Office shown on the records of th	c Florid	da Dept. o	f State:	
		Registered Office Address (MUST BE FLORIDA STREET AI	DDRES	55)		2
		3458 LAKESHORE DRIVE		<u>,</u>	77. 1 1. 39. 46	4 (20)
		TALAHHASSEE 5. 3	2312		ASSET	MAY 2
						Ö
(1		C T Corporation System				₽
`		Enter name of NEW Registered Agent and/or NEW Registered (ffice a	ddress:	OFT (9
					<u> </u>	26
		NEW Registered Office Address:				
		1200 South Pine Island Road		: 	******	
		Plantation , Ft. 3	3324			
the c agen was/	har Lw wer	mited liability company is not organized under the laws age or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of the organization or the operating agreement of the liable.	of the he reg pility c the lir	e State of istered of company mited lia	of Florida, it is hereby confirmed that after office and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.	d
Sign	natu	ire of a member or authorized representative of a member			Ken Tan Printed or typed name of signee	_
I her provi the o to me notifi By:	eb sio blis rel ed	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pagations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change. C T Corporation System of Registered Agent	to ac erforn for in reby c	et in this nance of Chapter confirm	canacity I further garee to camply with the	er M
		(/				

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