Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240000387893)))



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Ta:

Division of Corporations

Fax Number

; (850)617-6383

Account Name ; FILE RIGHT LLC Account Number : I20170000091

Phone

: (718)878-5811

Fax Number

: (718)732-4580

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

ldress:	
	dress:

LLC REGISTERED AGENT CHANGE OAK HILL 200 LLC

Certificate of Status	0
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Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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INHS18 (2/14)

		COVERL	ETTER		
TO:	Registration Section Division of Corporations		H24000038	37893	
SUBJ	ECT: OAK HILL 200 LLC Nan	ne of Limited L	iability Company		
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning thi	s matter to the	following:		
Mark	Fuchs				
<u> </u>	Name of Person				
Pile R	ight RA Services, LLC				
	Firm/Company				
1425	7th Street, Suite 201				
	Address		_		
Brook	lyn, NY 11218				
-	City/State and Zip Code	<u> </u>			
agent(gfileacorp.com				
	E-mail address: (to be used for future annual	ual report notifi	ication)		
For fu	other information concerning this matter,	please call:			
Sara P	ingel	718 at (878-5811)		
	Name of Person		Area Code & Daytime Telephone No	ımber	
	Mailing Address:		Street Address:		
	Registration Section		Registration Section		
	Division of Corporations		Division of Corporations The Centre of Tallahassee		
	P.O. Box 6327		2415 N. Monroe Street, Suite 810)	
	Tallahassee, FL 32314		Tallahassee, FL 32303	,	
	Enclosed is a check for the following	amount:		H240000387893	
	■ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy		

H240000387893

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. 1	lame of the limited liability company: OAK HILL	200	L,L C
2. (a) 581 N FRANKLIN TURNPIKE Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) RAMSEY, NJ 07446	(b)_)
3.	11/30/2020 Date of filing/registration in Florida	- 4	M20000010876 Document number
5. (a) Business Filing Incorporated		
	Registered Agent and Registered Office shown on the records of the 1200 South Pine Island Rd, Plantation, FL 33326 Registered Office Address (MUST BE FLORIDA STREET A		
(b	File Right RA Services, LLC Enter name of NEW Registered Agent and/or NEW Registered (Office addr	2024 JAN 3 1
	625 E Twiggs Street, Ste. 110		<u> </u>
	NEW Registered Office Address:		PN 2: 04
	Tampa, FL 33602		
chang agent was/ the a	limited liability company is not organized under the law ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the Mark Fuchs	registered bility com f the limite limited lia	ed office and the business office of the registered mpany, it is hereby confirmed that the change(s) littled liability company or as otherwise provided in
	nature of a member or authorized representative of a member	-	Printed or typed name of signee
I her provi the o to me notifi	reby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete publications of my position as registered agent as provided crefy reflect a change in the registered office address, I have the provided in writing of this change. Mark Fuchs	ee to act ir performan I for in Ch pereby con	in this canacity. I further garee to comply with the
Signa	ture of Registered Agent		