(((H240001137613)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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. \*\*

Email Address:

## LLC REGISTERED AGENT CHANGE OAK HILL 200 LLC

Certificate of Status	0
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Page Count	02
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M. SOLOMON

MAR 2 7 2024

## COVER LETTER

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TO:	Registration Section Division of Corporations		112110071131	0.5		
SUBJ	ECT: OAK HILL 200 LL	C Name of Limited I	Jiability Company			
Dear (	Sir or Madam:					
The e	nclosed Registered Agent/Registered (	Office Change and	fee(s) are submitted for filing.			
Please	e return all correspondence concerning	g this matter to the	following:			
Mark	Fuchs					
•	Name of Person		<del></del>			
File R	ight RA Services, LLC					
	Firm/Company		<del></del>		¥203	
1425	37th Street, Suite 201				2024 KAR 27	- ','
	Address		<del></del>	٠,		i,-
Brook	slyn, NY 11218				ÆH: 23	
	City/State and Zip Cod	e	<del></del>	1,13 1,13	: 23	
agent(	டுfileacorp.com					
	E-mail address: (to be used for future a	annual report notif	ication)			
For fi	orther information concerning this mat	ter, please call:				
Sara i	Ringel ~~~	718 at (	878-5811			
	Name of Person		Area Code & Daytime Telephone Num	ıber		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

Enclosed is a check for the following amount:

H240001137613

## 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	Name of the limited liability company: OAK HILL	200 L	LC		
2. (a) SSIN FRANKLIN TURNPIKE  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(b) (b) Mailing address of limited liability compan ( <u>Note: MAY BE POST OFFICE BOX</u> )			:
	RAMSEY, NJ 07446				
3.	11/30/2020		M20000010876		
	Date of filing/registration in Florida	4.	Document number	٠	
5. (a	) Business Filing Incorporated				
v. (.	Registered Agent and Registered Office shown on the records of th	ne Florida De	pt. of State:		
	1200 South Pine Island Rd, Plantation, FL 33326			7.17	9 0 0
	Registered Office Address (MUST BE FLORIDA STREET A		e Į	<u>~</u>	
				. 5	11 71 CC CV7 7686
			<del></del>		Ĭ
		<del></del>		· =	. <del>.</del>
				=	=
(b	File Right RA Services, LLC Enter name of NEW Registered Agent and/or NEW Registered C	Office addres		- jes - 🖔	လ သ
	Emer hance of MEN Register on Agent and/or MEN MEMORE OF	OTTICE MUSICS	<u>.</u>		
	625 E Twiggs Street, Ste. 110.				
	NEW Registered Office Address:				
	m N 22410				
	Tempa, FL 33602				
chang agent was/v	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 l	registered of bility comp f the limite	office and the business office of pany, it is hereby confirmed that d liability company or as otherw	the registere the change(s	:d s)
/s	/ Mark Fuchs	Mark F	uchs, Authorized Person		
Sign	Signature of a member or authorized representative of a member Printed or typed name of signee		Ruce		
provi the o to me notifi	eby accept the appointment as registered agent and agre sions of all statutes relative to the proper and complete p bligations of my position as registered agent as provided arely reflect a change in the registered office address, I h ed in writing of this change. Mark Fuchs	ee to act in performanc I for in Cha ereby conf	this capacity. I further agree to e of my duties, and I am familian pter 605, F.S. Or, if this docum irm that the limited liability com	comply with with and acent is being j pany has bei	the ccept filed en
	ture of Registered Agent				