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.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

	To:	Division of Corporations
: 25	ATE TIONS RIDA	Fax Number : (850)617-6383
<i>≟</i> %≟	Sagrom:	Account Name : FILE RIGHT LLC
ن	روزی سا دوای سا	Account Number : I20170000091 Phone : (718)878-5811
3	この例 を見る 1000	Phone : (/18)8/8-3811 Fax Number : (718)732-4580
1924 J. E.	1000 an	the email address for this business entity to be used for futur nual report mailings. Enter only one email address please.**

## LLC REGISTERED AGENT CHANGE JASMINE 319 LLC

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0
02
\$25.00

M. SOLOMON

FEB - 1 2024

Electronic Filing Menu

Corporate Filing Menu

Help

## COVER LETTER

H240000388393 \*

Registration Section TO: Division of Corporations

SUBJECT: JASMINE 319 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:

Mark Fuchs	
Name of Person	
File Right RA Services, LLC	
Firm/Company	
1425 37th Street, Suite 201	
Addiess	
Brooklyn, NY 11218	
City/State and Zip Code	<del></del>

agent@fileacorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

878-5811 718 Sara Ringel

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tullahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Enclosed is a check for the following amount:

H240000388393

■ \$25 Filing Fee

S55 Filing Fee & Certified Copy

INH\$18 (2/14)

## H240000388393

## 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.

(a) S81 N FRANKLIN TURNPIKE	(b)	Mailing address of limited liability company:	_
Principal office address of limited liability company:  (Nate: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)	
RAMSEY, NJ 07446			
			-
		M20000010877	
11/30/2020  Date of filing/registration in Florida	- <sub>4.</sub>	Document number	
Date of Hing/logistration in Francisco			
(a) Business Filing Incorporated			
Registered Agent and Registered Office shown on the records of	(the Florida De	ol, of State;	
·			33
1200 South Pine Island Rd, Plantation, FL 33326  Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	_ <del></del>	9094 16보고 1 전체 9:54
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(b) File Right RA Services, LLC Enter name of NEW Registered Agent and/or NEW Registered	od Office addre	<del></del>	 СЛ
Enter name of NEW Registered Agent and/or NEW REGISTER	ca Office means	=	<u>-</u>
625 E Twiggs Street, Ste. 110			
NEW Registered Office Address:			
<del></del> _ ·			
Tamps, FL 33602			
	laws of the S	ate of Florida, it is hereby confirmed that after	the
nange or changes are made, the Florida street address of t gent will be identical. Or, in the case of a Florida limited	liability con	ed liability company or as otherwise provided	in
nange or changes are made, the rease of a Florida limited gent will be identical. Or, in the case of a Florida limited as/were authorized by an affirmative vote of the member articles of organization or the operating agreement of t	he limited lis	bility company.	
he articles of organization of the operating agreement		Fuchs, Authorized Person	
/s/ Mark Fuchs		Printed or typed name of signee	
Signature of a member or authorized representative of a member	40 -01	to a manufactural to a second south	the
hereby accept the appointment as registered agent and a	agree 10 act i ele performai ided for in C	n this capacity. I further agree to comply with nce of my duties, and I am familiar with and ac napter 605, F.S. Or, if this document is being f	cep ilec en
rovisions of all statutes relative to the proper and complete obligations of my position as registered agent as provi	[ ]		
provisions of an status of the obligations of my position as registered agent as provi or menty reflect a change in the registered office address,	, I hereby co	gum that the timber success, so it is	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complete he obligations of my position as registered agent as provious merely reflect a change in the registered office address, notified in writing of this change.  /s/ Mark Fuchs	, I hereby co	gum par me mmou energy ex-1	