

(Requestor's Name)				
(Address)				
(Address)				
(City	y/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		ORNE - 2 2022		





2022 SEP -1 MM 9: 52

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 09/01/2022	_		
Cin al E	0 a a lit I l a l d'in I l . O		₩ALK IN
ENTITY NAME Sinai R	cealty Holdings LLC		
DOCUMENT NUMBER_			
	PLEASE FILE THE	E ATTACHED AND RETURN	
xxxxx	Plain Copy		
	Certified Copy		
	Certificate of Status		
	Certified Copy of Arts of Certificate of Good Stand		
	APOSTILLE' / NO	OTARIAL CERTIFICATION	
COUNTRY OF DESTINAT	TION		
NUMBER OF CERTIFICA	TES REQUESTED		
TOTAL OWED_\$25		ACCOUNT #: 2016000007	2
		S 87/10	
00 00 T		ny issues or concerns. Thank you so	

COVER LETTER

SUBJECT: Sinai Realty Holdings LLC	
Name of Lim	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter t	o the following:
Tsví Goldstein	
Name of Person	· · · · · · · · · · · · · · · · · · ·
Platinum Filings LLC	
Firm/Company	
99 West Hawthorne Ave., Suite 408	
Address	
Valley Stream/NY 11580	
City/State and Zip Code	
agent@platinumfilings.com	
E-mail address: (to be used for future annual report	t notification)
For further information concerning this matter, please ca	11:
Tsvi Goldstein 80° at (0 263-1553
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, F1, 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

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.

2. (a)	1000 GATES AVE. BROOKLYN, NY 11221	(b)	1000 GATES AVE. BROOKLYN, NY 11221
<u> </u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
	2/11/2021	N	M21000001649
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Vcorp Services, LLC		
(")	Registered Agent and Registered Office shown on the records of 1200 S PINE ISLAND ROAD	of the Florida I	
	Registered Office Address (MUST BE FLORIDA STREE Plantation	TADDRESS)	T I
	I	33324	
(b)	PLATINUM AGENT SERVICES LLC Enter name of NEW Registered Agent and/or NEW Register		- 一
	155 Office Plaza Dr		
	NEW Registered Office Address:		
	Tallahassee	FL 32301	
change agent was/w	limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members icles of organization or the operating agreement of the	aws of the S he registered liability con s of the limit	d office and the business office of the registered inpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
	/s/ Leopold Friedman	Leope	old Friedman
Signa	dure of a member or authorized representative of a member		Printed or typed name of signee
provis the ob- to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provic ely reflect a change in the registered office address, d in writing of this change.	te nerformar	nce of my duties, and I am familiar with and accept

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

/s/ Steven Friedman Signature of Registered Agent