m2100000165

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
, , ,			
(Document Number)			
,			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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RAGRO Chage

2022 SEP -1 AM 11: 04

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A. RAMSEY SEP - 2 2022

Sunshine State Corporate Compliance Company

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

DATE 09/01/2022	-		**WALK IN**
ENTITY NAME Arch Re	ealty Holdings, LLC		
DOCUMENT NUMBER_			
	PLEASE FILE THE ATTA	CHED AND RETURN	
XXXXX	Plain Copy Certified Copy Certificate of Status		
**	PLEASE OBTAIN THE FOLLOWIN	G FOR THE ABOVE ENTITY**	
	Certified Copy of Arts & Ameno Certificate of Good Standing	lments	
	APOSTILLE' / NOTARH	AL CERTIFICATION	
COUNTRY OF DESTINAT NUMBER OF CERTIFICA			<u> </u>
TOTAL OWED \$25		ACCOUNT #: 1201600000	72
Please call Tina at th	he above number for any isso	es or concerns. Thank you	so much!

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	Arch Realty Holdings LLC					
		Name of Limited Liability Company				
Dear Si	ir or Madam:					
The end	closed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.			
Please	return all correspondence concernin	g this matter to the	following:			
Tsvi Go	oldstein					
	Name of Person					
Platinui	m Filings LLC					
	Firm/Company		_			
99 Wes	t Hawthorne Ave., Suite 408					
	Address		_			
Valley:	Stream/NY 11580					
7-11-2	City/State and Zip Co-	de				
agent@	platinumfilings.com					
E	-mail address: (to be used for future	annual report notif	ication)			
For fur	ther information concerning this ma	tter, please call:				
Tsvi Go	oldstein	800 at (263-1553			
	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 Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the follow	ving amount:				
	■ \$25 Filing Fee	□ s:	55 Filing Fee & Certified Copy			
INHS18	3 (2/14)					

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	000 GATES AVE. BROOKLYN, NY 11221 (b)	
(7	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2/11/2021	M21	1000001651
3. 5. (a)	Date of filing/registration in Florida Veorp Services, LLC	4.	Document number
	Registered Agent and Registered Office shown on the records 1200 S PINE ISLAND ROAD	of the Florida Dep	
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	Z SEP
		33324 FL	10000000000000000000000000000000000000
(b)	PLATINHM AGENT SERVICES LLC		MEZ SER -1 AMILION
	155 Office Plaza Dr		;
	NEW Registered Office Address:		
	Tallahassee	FL 32301	
change agent v was/w	limited liability company is not organized under the cor changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited cre authorized by an affirmative vote of the member icles of organization or the operating agreement of the control of the contr	he registered of liability compa s of the limited	ffice and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	/s/ Leopold Friedman	Leopold	Friedman
Signa	nture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obi to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple 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 performance	of my duties, and I am familiar with and accept

/s/ Steven Friedman

Signature of Registered Agent