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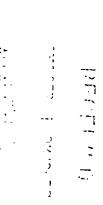
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
_
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to raining Officer.

Office Use Only



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2022 SEP -1 AM 7: 11 SECRETALLY OF STATE TALLAH/JOSEE, FI



A. BUTLER SEP - 6 2022

COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Divi	sion of Corporations						
cun irot.	University Realty Holdings LLC						
SUBJECT:	Name of Limited Liability Company						
Dear Sir or N	Aadam:						
The enclosed	l Registered Agent/Registered	l Office Change and	fee(s) are submitted for filing.				
Please return	all correspondence concerning	ng this matter to the	following:				
Tsvi Goldstei	n						
	Name of Person						
Platinum Filis	ngs LLC						
	Firm/Company						
99 West Haw	thorne Ave Suite 408						
	Address						
Valley Stream	n/NY 11580						
	City/State and Zip Co	ode					
agent@platin	umfilings.com						
E-mail	address: (to be used for futur	e annual report notif	fication)				
For further in	nformation concerning this m	atter, please call:					
Tsvi Goldstei	11	800 at (263-1553				
	Name of Person	at (Area Code & Daytime Telephone Number				
Reg Divi P.O	ling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Encl	losed is a check for the follo	wing amount:					
a \$2	25 Filing Fee	CJ \$	☐ \$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.

L Na	ame of the limited liability company: University Realty	Holdings L1	.C					
2. (a)	1000 GATES AVE. BROOKLYN, NY 11221	(b)	(b) 1000 GATES AVE. BROOKLYN, NY 11221				221	
()	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	M	210000016	553	_			
3.	Date of filing/registration in Florida	4.	l	Document nui	nber			
5. (a)	Veorp Services, LLC		<u> </u>					
	Registered Agent and Registered Office shown on the records of	the Florida De	pt, of State:	:				
	1200 S PINE ISLAND ROAD	, b barces						
	Registered Office Address (MUST BE FLORIDA STREET) Plantation	<u>ADDRESS)</u>						
	, PI	33324						
(b) ₋	PLATINUM AGENT SERVICES LLC				938 938	2022		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:					SEP	112	
	155 Office Plaza Dr							
	NEW Registered Office Address:				OF STA	Ö		
	Tallahassee, F1	32301			Ę	_		
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered (ability comp of the limite	office and pany, it is d liability	the business of the hereby confirmation company or a	office of med that	the reg the cha	gistered ange(s)	
	/s/ Leopold Friedman	Leopol	d Friedmar	1				
Signa	ture of a member or authorized representative of a member			Printed or typed	name of sig	gnee		
provisi the obl to mer	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I l I in writing of this change.	performanc	e of my di	uties, and I an	n familiai	r with i	and accept	
	Ist Steven Friedman							
Signatu	re of Registered Agent							