# M2100001654

(Requestor's Name)						
(Address)						
, , ,						
(Address)						
(City/State/Zip/Phone #)						
(City/State/Zip/Priorie #)						
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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2022 SEP - 1 AM 9: 1

Total do

### Sunshine State Corporate Compliance Company

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

DATE 09/01/2022	_	
		⇔WALK IN⇔
ENTITY NAME Ponce	Realty Holdings LLC	
DOCUMENT NUMBER_		
	**PLEASE FILE THE ATTACHED AND RETURN**	
XXXXX	Plain Copy	
<del></del>	Certified Copy	
	Certificate of Status	
***	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments  Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINAT		
NUMBER OF CERTIFICA	TES REQUESTED	
TOTAL OWED \$25	ACCOUNT #: I20160000	0072
Please call Tina at th	the above number for any issues or concerns. Thank yo	a so much!

#### COVER LETTER

TO:		stration Section sion of Corporations							
SHRII	ECT:	T: Ponce Realty Holdings LLC  Name of Limited Liability Company							
•	• = = =								
Dear S	ir or N	Aadam:							
The en	closec	Registered Agent/Registered C	Office Change a	nd fee	e(s) are submitted for filing.				
Please	return	all correspondence concerning	this matter to th	ne fol	lowing:				
Tsvi G	oldstei	n							
		Name of Person			•				
Platinu	ım Filii	ngs LLC							
		Firm/Company			-				
99 We:	st Haw	thorne Ave., Suite 408							
		Address			-				
Valley	Stream	ı/NY 11580							
		City/State and Zip Code	:		-				
agent@	platin	umfilings.com							
[-	E-mail	address: (to be used for future a	nnual report no	tilīca	tion)				
For fur	rther is	nformation concerning this matt	er, please call:						
Tsvi G	oldstei	n	800 at (		263-1553				
		Name of Person			Area Code & Daytime Telephone Number				
	Reg Divi P.O	ling Address: istration Section sion 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	osed is a check for the followi	ng amount:						
	<b>≅</b> \$3	25 Filing Fee	ū	<b>\$</b> 55	Filing Fee & Certified Copy				

INHS18 (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.

I. Na	ame of the limited liability company:	ldings LLC	•				
2. (a)	1000 GATES AVE BROOKLYN NY 11221		(b) 1000 GATES AVE. BROOKLYN, NY 11221				
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
3.	2/11/2021  Date of filing/registration in Florida			654 Document number			
5. (a)				_			
	Registered Agent and Registered Office shown on the records of 1200 S PINE ISLAND ROAD						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Plantation			2022 SEP SECULA			
	, F1	33324					
(b)	PLATINUM AGENT SERVICES LLC						
, ,	Enter name of NEW Registered Agent and/or NEW Registered	- 10 9. <b>9</b>					
	155 Office Plaza Dr						
	NEW Registered Office Address:			-			
	Tallahassee, FI	L. 32301		- -			
change agent v was/w	imited liability company is not organized under the lagor changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited light ere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	registere ability cor of the limi	d office and upany, it is ted liability	If the business office of the registered is hereby confirmed that the change(s) we company or as otherwise provided in			
	/s/ 1.copold Friedman	Leop	old Friedma				
_	iture 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 agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act performa d for in C hereby co.	in this cape nce of my c hapter 605 nfirm that i	icity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been			
	/s/ Steven Friedman						
Signatu	ire of Registered Agent						