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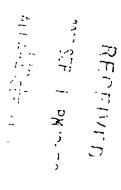
(Requestor's Name)					
(Address)					
(Äddress)					
(Čity/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer					

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A. BUTLER SEP - 6 2022

COVER LETTER

.

	gistration Section vision of Corporations					
SUBJECT	BR RE Property LLC					
	Name of Limited Liability Company					
Dear Sir or	Madam:					
The enclose	ed Registered Agent/Registered (Office Change an	d fee(s) are submitted for filing.			
Please retu	rn all correspondence concerning	this matter to the	e following:			
Tsvi Goldst	ein					
	Name of Person					
Platinum Fi	lings LLC					
	Firm/Company					
99 West Ha	wthorne Ave., Suite 408					
	Address					
Valley Stree	am/NY 11580					
	City/State and Zip Code	2				
agent@plati	inumfilings.com					
E-ma	il address: (to be used for future a	innual report not	ification)			
For further	information concerning this matt	er, please call:				
Tsvi Goldst	ein	800 at (263-1553			
	Name of Person	ar (Area Code & Daytime Telephone Number			
Re Di P.C	ailing Address: gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
En	closed is a check for the followi	ng amount:				
	\$25 Filing Fee	a	\$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.

1. Na	ame of the limited liability company: BR RE Property L	.LC			
2. (a)	1000 GATES AVE. BROOKLYN, NY 11221	(b)	(b) 1000 GATES AVE. BROOKLYN, NY 11221		
- . ()	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	5/28/2021		1000006562		
3.	Date of filing/registration in Florida Vcorp Services, LLC	4.	Document r	iumber	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1200 S PINE ISLAND ROAD Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Plantation				
	. FL	33324		s 2	
	PLATINUM AGENT SERVICES LLC			2022 SEP SECRETA	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : 155 Office Plaza Dr			HO A FI	
	NEW Registered Office Address:			D 17:33	
	Tallahassee, FL_	32301			
change agent v was/we	imited liability company is not organized under the law cor changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	registered of bility comp f the limited limited liab	office and the busines any, it is hereby con I liability company o ility company.	ss office of the registered firmed that the change(s)	
Ciana	/s/ Leopoid Friedman ture of a member or authorized representative of a member	Leopolo	l Friedman	and name of slaves	
I here provisi the obl to merc	ture of a member of authorized representative of a member by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as providea ely reflect a change in the registered office address, I h d in writing of this change.	ve to act in performance of the contract of the contract of the confiners	this capacity. I furth	ned name of signee her agree to comply with the am familiar with and accept this document is being filed ability company has been	
	/s/ Steven Friedman				
Signatu	re of Registered Agent				