## Florida Department of State

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(((H22000209431 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Cmail.	Address:			
FWall	Address:			 

## LLC REGISTERED AGENT CHANGE FTM EDNB APTS HOLDINGS, LLC

Certificate of Status	0
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Page Count	03
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: FTM EDNB APTS		
Name o	of Limited Li	ability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and	fee(s) are submitted for filing.
Please return all correspondence concerning this r	natter to the	following:
Joshua Murphy		
		<del></del>
Name of Person		
Registered Agent Solutions, Inc.		
Firm/Company		_
Corporate Center One, 5301 Southwest R	⊃kwy, Ste⊸	400
Address		_
Austin, TX 78735		
City/State and Zip Code		
		<del></del>
E-mail address: (to be used for future annua	il report notif	fication)
For further information concerning this matter, pl	lease call:	
Joshua Murphy	888	705-7274
Name of Person	. ,	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314
Enclosed is a check for the following a	mount:	

☐ \$55 Filing Fee & Certified Copy

□ \$25 Filing Fee

15129570210

## 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. Nai	ne of the limited liability company: FTM ED	NB AP	TS HOL	DINGS, LLC		
2. (a)	155 SCHMITT BLVD	. (	(b) 155 SCHMITT BLVD			
(**/ _	Principal office address of limited liability company:		N	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	(Note: MUST BE STREET ADDRESS) FARMINGDALE, NY 11735	5	FARM	MINGDALE, NY 1173.	5	
	74(4)11(05)(22,1(1.1)00				_	
	7/12/2021		M21000	0008803		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	BLUMBERGEXCELSIOR CORPORATE					
(47	Registered Agent and Registered Office shown on the record 155 OFFICE PLAZA DRIVE	e:				
	Registered Office Address (MUST BE FLORIDA STRE			-		
	Registered Office Address		<u></u>			
	TALLAHASSEE	. FL 323	01	2022 .:.		
(b)	Registered Agent Solutions, Inc	F12 2022 JUN 16	2			
ζ-,	Enter name of NEW Registered Agent and/or NEW Regist	. 6	, , , ,			
	155 Office Plaza Dr.		777			
	NEW Registered Office Address:	. 5				
	Suite A	<b>*</b> -				
	Tallahassee	. FL 3230	01			
If the li	mited liability company is not organized under the	e laws of th	e State of Flo	orida, it is hereby confirmed that after		

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/	Jonathan Marcus		Jonathan Marcus	Manager	
_	Signature of a member or authorize	d representative of a member	Printed or t	yped name of signee	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Mackenzie Hart, Asst. Secretary

Signature of Registered Agent