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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 439 9th Street Name of Limited I	ASSOCIATES LLC Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and	d fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	e following:
I (an Goldstein	
Name of Person	
Slope Roulty Firm/Company	
342 7th Ave	
Address	
Brooklyn NY 1/2/5	
City/State and Zip Code	
Bills @ sloperer	164.60
E-mail address: (to be used for future annual report noti	neation)
For further information concerning this matter, please call:	
Simon Kanner 11 929	275-2721
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314	Tallahassee, FL 32303
Enclosed is a check for the following amount:	
S25 Filing Fee	\$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.

ı Ma	me of the limited liability company: 439 9th Street Associates LL
	211 21 1.0
2. (a)	Principal office address of limited liability company: (b) 570 700 HVE Mailing address of limited liability company:
	(Note: MAY BE POST OFFICE BOX)
	Brooklyn NY 1/215 Brooklyn NY 1/215
	07/07/2022 m2/0000/3179
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Ilan Goldstein (824,00000 419
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	1540 Glenny Price
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Tall a hase FL 3230/ FL The GldSten Enter name of NEW Registered Agent and/or NEW Registered Office address:
	5° 0 1
41.5	tlan Gldsten
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	P
	NEW Registered Office Address:
	NEW Registered Office Address: 3702 Washington De Severt
	Holly word FL 330al
change agent v	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cless of organization or the operating agreement of the limited liability company.
	ure of a member or authorized representative of a member Printed or typed name of signee
I here provisi the obi to mer notifie	ov accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the form of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a charge in the registered office address, I hereby confirm that the limited liability company has been I in writing affilis change.

Signature of Registered Agent