Florida Department of State 22 Einston of Congorations (Lectionic Willing Chiver Street)

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(((H240000273673)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : FILE RIGHT LLC
Account Number : I20170000091
Phone : (718)878-5811
Fax Number : (718)732-4580

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

Email	Address:	

LLC REGISTERED AGENT CHANGE 26 REALTY ROTONDA WEST LLC

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Corporate Filing Menu

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JAN 29 2024 K. Brumbley COVER LETTER

H240000273673

	gistration Section vision of Corporations		
SUBJECT	: <u>26 REALTY ROTONDA</u> Name		L C bility Company
Dear Sir or	Madam:		
The enclose	ed Registered Agent/Registered Office	c Change and fe	e(s) are submitted for filing.
Please retur	n all correspondence concerning this	matter to the fo	allowing:
Mark Fuchs			
	Name of Person		_
File Right R	A Services, LLC		
	Firm/Company		_
1425 37th S	treet, State 201		
	Address		_
Brooklyn, N	Y 11218		
	City/State and Zip Code		_
agent@filea	corp.com		
E-mai	il address: (to be used for future annue	al report notifica	ation)
For further	information concerning this matter, p	lease call:	
Sara Ringel		718 at (878-5811
	Name of Person		Area Code & Daytime Telephone Number
	niling Address: gistration Section		Street Address: Registration Section

Enclosed is a check for the following amount:

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■ \$25 Filing Fee INHS18 (2/14)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

☐ \$55 Filing Fee & Certified Copy

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

H240000273673

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	me of the limited liability company: 26 REALT	YRC	TOND.	A WEST L	L C		
2. (a)		747 CHESTNUT RIDGE ROAD, SUITE 202 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) SPRING VALLEY, NY 10977		(b) PO BOX 355 Mailing address of limited liability comp (Note: MAY BE POST OFFICE BO) TALLMAN, NY 10982				
3.		1/20/2022		M220	00000990			
		Date of filing/registration in Florida	4.	1	Document number	ľ		
5. ((a)	Business Filing Incorporated						
	(,	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State:	- !			
		1200 South Pine Island Rd, Plantation, FL 33326						
		Registered Office Address (MUST RE FLORIDA STREET A	(DDRESS)	!	•			
			-				~:	
		· · · · · · · · · · · · · · · · · · ·				-	2024 JAH 26	
(b)	File Right RA Services, LLC Enter name of NEW Registered Agent and/or NEW Registered	Office add	iress:	-		1:2	=:
		Enter hadic of the free free free free free free free fr	OHILL DAY	1193.			6	
		625 E Twiggs Street, Ste. 110					PH IZ:	
		NEW Registered Office Address:	-		-		22	
							29	
					-			
		m N						
		Tampa, FL 33602			-			
char ager was	ige it w	mited 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 re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registere bility cor f the lim	d office and mpany, it is ited liability	I the business office the hereby confirmed to company or as o	ce of th I that th	ie registei ie change	red (s)
ſ	s/ N	Mark Fuchs	Marl	k Fuchs, Auti	horized Person			
Signature of a member or authorized representative of a member					Printed or typed nam	e of sign	ee	
prov the d to m notij	nsid Sere Gea	by accept the appointment as registered agent and agree of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have the complete of this change. I in writing of this change.	ee to act performa i for in C pereby co	in this capa nce of my d hapter 605, nfirm that t	icity. I further agr luttes, and I am fai F.S. Or, if this di he limited liability	ee to co niliar 1 ocumen ocompo	omply wi vith and t it is being any has b	th the accept g filed een
		re of Registered Agent				H2	4000027	3673