Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

		To:	
			Division of Corporations
			Fax Number : (850)617-6383
	<u></u>	S≟∉rom:	
-	4	222	Account Name : FILE RIGHT LLC
:mare 3		EXE	Account Number : I20170000091
3		57 OF	Phone : (718)878-5811
ereste di ereste di	7 <u>-</u>		Fax Number : (718)732-4580
***		- (5) (1)	TON HOMOGE TO TENE
went #"		તહેમનું	
}	5	##Enton	the email address for this business entity to be used for future
Lil. Ci	m: •==;	Elitei	mual report mailings. Enter only one email address please.**
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LLC REGISTERED AGENT CHANGE DMR ALLISTER LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

M. SOLOMON

FEB - 1 2024

Electronic Filing Menu

Corporate Filing Menu

Help

	•	
	COVER LETTER	· H240000388833
TO: Registration Section Division of Corporations		
SUBJECT: <u>DMR ALLISTER</u>	L L C Name of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registe	sted Office Change and fee(s) are submitted for filing.	
Please return all correspondence concer	rning this matter to the following:	
Mark Fuchs		
Name of Perso	n	
File Right RA Services, LLC		
Firm/Company		
1425 37th Street, Suite 201		:
Address		
Brooklyn, NY 11218		
City/State and Zip	Code	~

718

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

agent@fileacorp.com

Sara Ringel

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Name of Person

Street Address:

878-5811

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

H240000388833

S25 Filing Fee

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

H240000388833

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 Name of the limited liability company. $\underline{D} \underline{M} \underline{R} \underline{-} \underline{A} \underline{L}$	LISTER	LLC
2. (a) 581 N PRANKLIN TURNPIKE	(b)	Mailing address of limited liability company:
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
RAMSEY, NJ 07446		
3. 3/7/2022		M22000003440
Date of filing/registration in Florida	4.	Document number
5. (a) Business Filing Incorporated		
Registered Agent and Registered Office shown on the records	of the Florida De	pt, of State:
1200 South Pine Island Rd, Plantation, FL 33326		23
Registered Office Address (MUST BE FLORIDA STREE	TADDRESS)	924
		——————————————————————————————————————
		-
(b) File Right RA Services, LLC		D. CK
Enter name of NEW Registered Agent and/or NEW Register	red Office addres	<u>ıı:</u>
		· . <u>9</u>
625 E Twiggs Street, Ste. 110		
NEW Registered Office Address:		
		
Tampa, FL 33602		
If the limited liability company is not organized under the change or changes are made, the Florida street address of tagent will be identical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of the member the articles of organization or the operating agreement of t	the registered of Hiability comp is of the limite	office and the business office of the registered bany, it is hereby confirmed that the change(s) diability company or as otherwise provided in
/s/ Mark Fuchs		uchs, Authorized Person
Signature of a member or authorized representative of a member		Printed or typed name of signee
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple the obligations of my position as registered agent as provi to merely reflect a change in the registered office address, notified in writing of this change.	agree to act in ele performanc ided for in Cha , I hereby conf	this capacity. I further agree to comply with the se of my duties, and I am familiar with and accept spter 605, F.S. Or, if this document is being filed irm that the limited liability company has been
/s/ Mark Fuchs		
Signature of Registered Agent		