(((H240000387023)))



H240000387023ABC-

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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 SRBH LLC

| Certificate of Status | 0       |
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M. SOLOMON

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|        |  | COVER L           | ETTER  |
|--------|--|-------------------|--|
| то:    | Registration Section Division of Corporations  |                   | H240000387023  |
| SUBJ   | ECT: SRBH LLC  |                   |  |
|        | Na   | me of Limited L   | iability Company   |
| Dear   | Sir or Madam:  |                   |  |
| The e  | nclosed Registered Agent/Registered Of   | fice Change and   | fee(s) are submitted for filing.   |
| Please | e return all correspondence concerning th  | nis matter to the | following  |
| Mark   | Fuchs  |                   |  |
|        | Name of Person   |                   | _  |
| File R | ight RA Services, LLC  |                   |  |
|        | Firm/Company   |                   | _  |
| 1425   | 37th Street, Suite 201   |                   |  |
|        | Address  | ····              | _  |
| Brook  | ilyn, NY 11218   |                   |  |
|        | City/State and Zip Code  |                   | _  |
| agent( | @fileacorp.com   |                   |  |
|        | E-mail address: (to be used for future am  | nual report notif | cation)  |
| For fi | urther information concerning this matter  | r, please call:   |  |
| Sara I | Ringel   | 718<br>at (       | 878-5811   |
|        | Name of Person   |                   | Area Code & Daytime Telephone Number   |
|        | Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |                   | Street Address: 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:

☐ \$55 Filing Fee & Certified Copy

H240000387023

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## 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.         | Nŧ                    | ame of the limited liability company: SRBH LLC  |  |  |
|------------|-----------------------|---|--|--|
| 2.         | (a)                   | 581 N FRANKLIN TURNPIKE   | (b)  |  |
|            | (-)                   | Principal office address of limited liability company:  | _  | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)   |
|            |                       | (Note: MUST BE STREET ADDRESS)  |  | (NOIS: MAT BE POST OFFICE BOX)   |
|            |                       | RAMSEY, NJ 07446  |  |  |
|            |                       |   |  |  |
| 3.         |                       | 3/21/2022   |  | M22000004217   |
|            |                       | 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  | he Florida Dep   | i, of State:   |
|            |                       | 1200 South Pine Island Rd, Plantation, FL 33326   |  |  |
|            |                       | Registered Office Address (MUST BE FLORIDA STREETA  | DDRESS)  | 22 6   |
|            |                       |   |  | 2824   |
|            |                       |   |  | To the second se |
|            |                       |   |  | <del>.</del>   |
|            |                       |   |  |  |
|            | (b)                   | File Right RA Services, LLC Enter name of NEW Registered Agent and/or NEW Registered  | Office address   |  |
|            |                       | Enter name of the W. Replicate when almost the W. Replicate   | Office Models  | ို မှ  |
|            |                       | COS E Turkeya Street Sta 110  |  |  |
|            |                       | 625 E Twiggs Street, Ste. 110  NEW Registered Office Address:   |  |  |
|            |                       | TOTAL REGISTRES OFFICE PROCESS.   |  |  |
|            |                       |   |  |  |
|            |                       | Tampa, FL_33602   |  | <del></del>  |
| ch<br>ag   | ange<br>ent v         | imited liability company is not organized under the law<br>cor changes are made, the Florida street address of the<br>will be identical. Or, in the case of a Florida limited lia<br>ere authorized by an affirmative vote of the members of<br>icles of organization or the operating agreement of the | registered o<br>bility compa<br>f the limited                  | ffice and the business affice of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in   |
|            | /5/                   | Mark Fuchs  | Mark Fo  | ichs, Authorized Person  |
| _:         | Signa                 | ture of a member or authorized representative of a member   |  | Printed or typed name of signee  |
| pro<br>the | ovis:<br>2 obi<br>mer | by accept the appointment as registered agent and agre<br>ions of all statutes relative to the proper and complete p<br>ligations of my position as registered agent as provided<br>ely reflect a change in the registered office address, I h<br>d in writing of this change.                          | ee to act in t<br>performance<br>I for in Chaj<br>pereby confi | hls capacity. I further agree to comply with the e of my duties, and I am familiar with and accept of 605, F.S. Or, if this document is being filed rm that the limited liability company has been   |
|            | /s/                   | Mark Fuchs  |  |  |
| Si         | gneti                 | are of Registered Agent   |  | H2400003 \$7023  |