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H240000388413ABC/

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	To:
	Division of Corporations
	Fax Number : (850)617-6383
	From:
	Account Name ; FILE RIGHT LLC
	Account Number : I20170000091
	φ Phone : (718)878-5811
CVI	⇔்ட் Fax Number : (718)732-4580
::	KE CONTRACTOR OF THE PROPERTY
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750 .4	**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**
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(,)	Email Address:
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LLC REGISTERED AGENT CHANGE ALLISTER PARK LLC

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Corporate Filing Menu

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TO: Registration Section Division of Corporations		·	
SUBJECT: <u>ALLISTER PARK LLC</u> Name	of Limited L	iability 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	•		
Mark Fuchs			
Name of Person			
File Right RA Services, LLC			
Firm/Company			
1425 37th Street, Suite 201			
Address		<u> </u>	
Brooklyn, NY 11218			
City/State and Zip Code	_	<u> </u>	
agent@fileacorp.com			
E-mail address: (to be used for future annua	l report notif	ication)	
For further information concerning this matter, pl	ease call:		
Sara Ringel	718 at (878-5811)	
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	D16
Talialiassee, FL 32314		2415 N. Monroe Street, Suite Tallahassee, FL 32303	910
Enclosed is a check for the following as	mount:		H240000388413
■ \$ 25 Filing Fee		55 Filing Fee & Certified Copy	

INHS18 (2/14)

H240000388413

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. Name of the limited liability company: ALLIST	ER PARK	LLC
2. (a) SBI N FRANKLIN TURNPIKE	(b)	
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. 3/28/2022		M22000004659
Date of filing/registration in Florida	4.	Document number
P. C. Ollins Incompanied		
5. (a) Business Filing Incorporated Registered Agent and Registered Office shown on the recon	do of the Florida Deni	of State:
Registered Agent and Registered Office shows on the record	py of the Florida Dept	, Di State.
1200 South Pine Island Rd, Plantation, FL 33326		
Registered Office Address (MUST BE FLORIDA STR)	EET ADDRESS)	
		2024 JAH 3 1
(b) File Right RA Services, LLC		
Enter name of NEW Registered Agent and/or NEW Regist	tered Office address	
625 E Twiggs Street, Stc. 110		
NEW Registered Office Address:		- .
		· -
		
<u>Tampa, FL 33602</u>		<u> </u>
If the limited liability company is not organized under the change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limite was/were authorized by an affirmative vote of the member the articles of organization or the operating agreement of	of the registered of ed liability compa pers of the limited	flice and the business office of the registered my, it is hereby confirmed that the change(s) Iliability company or as otherwise provided in
/s/ Mark Fuchs		iclis, 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 provisions of all statutes relative to the proper and compite obligations of my position as registered agent as proto merely reflect a change in the registered office address notified in writing of this change. /s/ Mark Fuchs	d agree to act in t olete performance wided for in Chap ss, I hereby confi	his capacity. I further agree to comply with the cof my duties, and I am familiar with and accept sier 605, F.S. Or, if this document is being filed rm that the limited liability company has been
Signature of Registered Agent	_	