Florida Department of State

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.

(((H240000387913)))



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Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : FILE RIGHT LLC

Account Number : I20170000091

: (718)878-5811

Fax Number

: (718)732-4580

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

Cmail	Address:	
-mai	MAATOCC	

LLC REGISTERED AGENT CHANGE ALLISTER 384 LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

FEB 0 1 2024 K. Brumbley

COVE	R LETTER . H240000387913
TO: Registration Section Division of Corporations	•
SUBJECT: ALLISTER 384 LLC	
Name of Limite	d Liability 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 matter to	the following:
Mark Puchs	
Name of Person	
File Right RA Services, LLC	
Firm/Company	
1425 37th Street, Suite 201	
Address	
Brooklyn, NY 11218	
City/State and Zip Code	
agent@fileacorp.com	
E-mail address: (to be used for future annual report n	otification)
For further information concerning this matter, please call	:
Sara Ringel 718	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:

H240000387913

■ \$25 Filing Fee INHS18 (2/14)

☐ \$55 Filing Fee & Certified Copy

H240000387913

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.

2. (a)	581 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		
	4/4/2022		M22000005123
	Date of filing/registration in Florida	4.	Document number
. (a)	Business Filing Incorporated		
` '	Registered Agent and Registered Office shown on the records of	he Floride Dep	ni. of State:
	TOTAL OF THE ART OF THE 2000C		
	1200 South Pine Island Rd, Plantation, FL 33326 Registered Office Address (MUST BE FLORIDA STREET)	IDDRESSI	
	Registered Office Address (MOST BE PLONIDA STREET)	TAMESA	
			
			
			2024 JAN
(P)	File Right RA Services, LLC		
	Enler name of NEW Registered Agent and/or NEW Registered	Office address	- 120
			$\omega = \omega = \Xi_2$
	625 E Twiggs Street, Stc. 110		
	NEW Registered Office Address:		
			2
	Tampa, FL 33602		
hange igent v	imited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lifere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	registered o ability compa of the limited	office and the business office of the registered any, it is hereby confirmed that the change(s) of liability company or as otherwise provided in
	/s/ Mark Fuchs		uchs, Authorized Person
	ture of a member or authorized representative of a member		Printed or typed name of signee
I here provis he obt to mer notifie	by accept the appointment as registered agent and agn ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act in t performance d for in Cha hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
/s/	Mark Fuchs		
Signatu	are of Registered Agent		H240000387913