

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

M22000006585

**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

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  
 2117 PINE OAK LOOP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	<b>\$25.00</b>

RECEIVED  
 2024 JAN 26 AM 11:16  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

2024 JAN 26 PM 12:26  
 RECEIVED

JAN 29 2024  
 K. Brumbley

**COVER LETTER**

H240000273143

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 2117 PINE OAK LOOP LLC  
Name of Limited 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 Fuchs  
\_\_\_\_\_  
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 notification)

For further information concerning this matter, please call:

Sara Ringel at ( 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:

- \$25 Filing Fee
- \$55 Filing Fee & Certified Copy

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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. Name of the limited liability company: 2117 PINE OAK LOOP LLC

2. (a) 10 CEDAR LANE (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)  
CEDARHURST, NY 11516

3. 4/28/2022 4. M22000006585  
Date of filing/registration in Florida Document number

5. (a) Business Filing Incorporated  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 South Pine Island Rd, Plantation, FL 33326  
Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

(b) File Right RA Services, LLC  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

625 E Twiggs Street, Ste. 110  
**NEW Registered Office Address:**

Tampa, FL 33602

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Mark Fuchs  
Signature of a member or authorized representative of a member

Mark Fuchs, Authorized Person  
Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

/s/ Mark Fuchs  
Signature of Registered Agent

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FILED