Jan. 31. 2024 41:59AM SRES Fax

No. 3281 P. 52



(shown below) on the top and bottom of all pages of the document,

(((H240000386993)))



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To: 2024 JAH 3 I Division of Corporations : (850)617-6383 Fax Number From: Account Name : FILE RIGHT LLC Account Number : I20170000091 AH 9: Phone ; (718)878-5811 : (718)732-4580 Fax Number .....  $\frac{\omega}{2}$ \*\*Enter the email address for this business entity to be used for future in annual report mailings. Enter only one email address please.\*\* Email Address:\_\_\_\_\_

## LLC REGISTERED AGENT CHANGE SRBH2 LLC

Certificate of Status	0
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M. SOLOMON

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FEB - 1 2024

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· COVER LI		000386993	
TO: Registration Section Division of Corporations	n240	1000180790	
SUBJECT: <u>SRBH2 LLC</u> Name of Limited Lie	ability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and f	ee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the f	ollowing:		
Mark Fuchs	-		
Name of Person			
File Right RA Services, LLC		ĴÛ	
Firm/Company	_	24 J.	
1425 37th Street, Suite 201		2024 JAN 3	) ( ma- ma-
Address			ī)
Brooklyn, NY 11218		AH 9: 32	)
City/State and Zip Code	-		
agent@fileacorp.com			
E-mail address: (to be used for future annual report notific	cation)		
For further information concerning this matter, please call:			
Sara Kingel 718at (	878-5811 		
Name of Person	Area Code & Daytime Telephone Nu	mber	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	<u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	I	

Enclosed is a check for the following amount:

H240000386993

H240000386993

## 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.

(a) <u>S81 N FRANKLIN TURNPIKE</u>	(b) _	
Principal office address of limited liability company:		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
( <u>Note: MUST BE STREET ADDRESS</u> )		(MOLE: MAT BE TUST OF TICE BUD)
RAMSEY, NJ 07446		
5/26/2022		M22000008366
Date of filing/registration in Florida	4.	Document number
(a) Business Filing Incorporated		
Registered Agent and Registered Office shown on the records of	the Florida De	pt. of State:
		СU 2
1200 South Pine Island Rd, Plantation, FL 33326 Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	'è
	ILL CAMERI	د 
		c
		······································
(b) File Right RA Services, LLC		
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	i Office add <u>re</u>	<u>ع:</u> ۲
625 E Twiggs Street, Ste. 110		
<u>NBW</u> Registered Office Address:		
<u>Tampa, FL 33602</u>		
the limited liability company is not organized under the law ange or changes are made, the Florida street address of the ent will be identical. Or, in the case of a Florida limited li as/were authorized by an affirmative vote of the members a articles of organization or the operating agreement of the	e registered ability comp of the limite	office and the business office of the registered pany, it is hereby confirmed that the change(s) ad liability company or as otherwise provided in
/s/ Mark Fuchs		Fuchs, Authorized Person
Signature of a member or authorized representative of a member		Printed or typed name of signee
hereby accept the appointment as registered agent and ag ovisions of all statutes relative to the proper and complete cobligations of my position as registered agent as provide merely reflect a change in the registered office address, I	ree to act in performance of for in Cha	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept piter 605, F.S. Or, if this document is being file.

notified in writing of this change.

/s/ Mark Fuchs

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00 : !