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(((H240000386753)))



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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

rax (autitibe) . (718)/32-4366

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

Email	Address:				
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LLC REGISTERED AGENT CHANGE WEST PALM GARDENS FL LLC

Certificate of Status	0
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Estimated Charge	\$25.00

M. SOLOMON

FEB - 1 2024

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2024 JAH 31 AH O. S.

COVER	LETTER
COYLIC	LELLER

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TO:

Registration Section Division of Corporations

SUBJECT: WEST PALM GARDENS FL 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		<u> </u>	
Brooklyn, NY 11218			
City/State and Zip Code			
ageni@fileacorp.com			
E-mail address: (to be used for future ann	ual report notifi	ication)	
For further information concerning this matter,	please call:		
Sara Ringel	718 at (878-5811	
Name of Person	 ,	Area Code & Daytime Telen	hone Numbe

Name of Person

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 INHS18 (2/14)

☐ \$55 Filing Fee & Certified Copy

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H240000386753

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. N	ame of the limited liability company: WEST PAL	LM GA	RDENS FL LLC	
2. (a)	501 CHESTNUT RIDGE ROAD, SUITE 306 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) SPRING VALLEY, NY 10952	(b)	Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX	
3,	11/8/2022 Date of filing/registration in Florida	 	M22000017043 Document number	
5 (0)	Business Filing Incorporated			
(b)	Registered Agent and Registered Office shown on the records of the 1200 South Pine Island Rd, Plantation, FL 33326 Registered Office Address (MUST BE FLORIDA STREET A) File Right RA Services, LLC Enter name of NEW Registered Agent and/or NEW Registered (100 Services) Street, Ste. 110 NEW Registered Office Address:	(DDRESS)		2024 JAN 31 AN 9: 32
chang agent was/w the art /s/ Sign: I here provis the obto mer notifie	Tampa, FL 33602 limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liability cre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the limited farme of a member or authorized representative of a member obly accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete pligations of my position as registered agent as provided the profess of the change in the registered office address, I had in writing of this change.	registered of bility comp f the limited limited liab Mark F	office and the business office of the register any, it is hereby confirmed that the change I liability company or as otherwise provide litty company. uchs, Authorized Person Printed or typed name of signee this company.	red c(s) ed in
	Mark Fuchs Inter of Registered Agent			