(((H24000038880 3)))

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



H240000388803ABC0

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 : 120170000091
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 BRIDGEAM HOLDINGS LLC

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

M.	SOLOMON

FEB -1 2024

Electronic Filing Menu

Corporate Filing Menu

Help

2824 JAN 31 AM 9: 2

COVER LETTER

H240000388803

TO: Registration Section Division of Corporations

SUBJECT: BRIDGEAM HOLDINGS 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 i	report notif	ification)	
For further information concerning this matter, plea	ase call:		
Sara Ringel	718 at (878-5811	_
Name of Person		Area Code & Daytime Telephone Numi	oer

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:

H240000388803

2024 JAH 31 AM 9: 27

■ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

H240000388803

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: BRIDGEA	110H M	DINGS LLC
2. (a) 70 WEST 40TH STRET FL 11 Principal office address of limited limbility company: (Note: MUST BE STREET ADDRESS)	(b)	Moiling address of limited liability company: (Note: MAY BE POST OFFICE BOX)
NEW YORK, NY 10018		
3. <u>L1/20/2023</u>		M23000014818
Date of filing/registration in Florida	4.	Document number
5. (a) Business Filing Incorporated		
Registered Agent and Registered Office shown on the records o	The Florida Dept	of State:
1200 South Pine Island Rd, Plantation, FL 33326		
Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	292
		2024 JAN 3 I
		
<u> </u>		
		1 .
(b) File Right RA Services, LLC	<u> </u>	
Enter name of NEW Registered Agent and/or NEW Registere	ed Office address:	
		27
625 E Twiggs Street, Ste. 110		
NEW Registered Office Address:		
<u>Tampa, FL 33602</u>		
If the limited liability company is not organized under the la change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited limited was/were authorized by an affirmative vote of the members the articles of organization or the operating agreement of the	he registered of liability compa s of the limited	iny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
/s/ Mark Fuchs		chs, 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 a provisions of all statutes relative to the proper and complet the obligations of my position as registered agent as provid to merely reflect a change in the registered office address, notified in writing of this change. /s/ Mark Fuchs	gree to act in the performance ded for in Chap I hereby confit	his capacity. I further agree to comply with the cof my duties, and I am jamiliar with and accept ofer 605, F.S. Or, if this document is being filed in that the limited liability company has been
Signature of Registered Agent		H240000388803