## M99000000349

(Requestor's Name)
(Address)
(Addiess)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Linky Hame)
(Document Number)
Certified Copies Certificates of Status
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A. RAMSEY JUN .5 2023

## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

NTITY NAME Albert	Kemperle of Florida, I	LLC		
OCUMENT NUMBER				
	**PLEASE FILE TH	HE ATTACHED AND RETURN**		
(XXXXX	Plain Copy			
···-	Certified Copy			
<u> </u>	Certificate of Status			
,	**PLEASE OBTAIN THE F	FOLLOWING FOR THE ABOVE ENTITY**		
	Certified Copy of Arts & Amendments			
	Certified Copy of Arts	& Amendments Complete File (Including Annual Reports)		
	Certificate of Status			
<del> </del>	Certificate of Status Re	flecting:		
	**APOSTILLE' / N	NOTARIAL CERTIFICATION**		
OUNTRY OF DESTINA	TION			
IUMBER OF CERTIFICA	TES REQUESTED			
OTAL OWED \$ 25		ACCOUNT # 120140000108  United Corporate  Services, Inc.  Thank was so much!		

## 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)		(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)		
	8400 New Horizon Blvd		8400 New Horizon Blvd		
	Amityville, NY 11701		Amityville, NY 11701		
	03/04/1999		М99000000349		
	Date of filing/registration in Florida	4.	Document number		
(a)	Registered Agents Legal Services, LLC				
. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	155 Office Plaza Drive, Suite A				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	<del></del>		
		32301			
(b)	United Corporate Services, Inc.				
(177	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address			
	3458 Lakeshore Drive		103 JUH - 2 MII: 18		
	NEW Registered Office Address:				
	Tallahassee	32312	<del></del>		
	rananassee Fl	-,12.112 →	<del></del>		
iange jent as/w	imited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited linere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered of ability compa of the limited	ffice and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in		
	Clayd Wede	LI	oyd White		
Signa	iture of a member or authorized representative of a member		Printed or typed name of signee		
here ovis	by accept the appointment as registered agent and agrions 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	ree to act in to performance d for in Chap	his capacity. I further agree to comply with the e of my duties, and I am familiar with and accep oter 605, F.S. Or, if this document is being filed		