L2200221218

(Requestor's Name)						
(Address)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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DATE: 9/01/02023

NAME: MB 41ST 1418 LLC

TYPE OF FILING: CHANGE OF RA

COST: 25.00

RETURN: PLAIN COPY PLEASE

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:	Registration Section Division of Corporations					
SURJI	MB 41ST 1418 LLC ECT:					
., (, 1) ()	Name of	Name of Limited Liability Company				
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Office C	change and fee(s) are submitted for filing.				
Please	return all correspondence concerning this ma	ntter to the following:				
	Name of Person					
	Name of Person					
_	Firm/Company					
	Address					
	City/State and Zip Code					
	E-mail address: (to be used for future annual	report notification)				
For fu	orther information concerning this matter, plea	ase call:				
	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 am	ount:				
	□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

INHS18 (2/14)

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.

2. (a) _		(b	1)	
2. (4) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0	N	Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	276 RIVERSIDE DRIVE APT 2-G		276 RIVER	RSIDE DRIVE APT 2-G
	NEW YORK, NY 10025	_	NEW YOR	K, NY 10025
	05/20/2022		L220002212	18
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
(*)	Registered Agent and Registered Office shown on the records of the	ie Florida	1 Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1201 HAYS STREET			
	TALLAHASSEE, FL_	32301		23 S
(b) .	Inter name of NEW Registered Agent and/or NEW Registered Office address: DBO Services LLC			FILLED S3
	NEW Registered Office Address:			· 35.5
	155 OFFICE PLAZA DR.	_		
	TALLAHASSEE, FL_	32301		_
change agent w was/we the artic	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l Abraham Reiss	register bility co f the lin imited	ed office and impany, it is nited liability	the business office of the registered thereby confirmed that the change(s) company or as otherwise provided in apany.
	ure of a member or authorized representative of a member			Printed or typed name of signee
provision the oblition	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ly reflect a change in the registered office address, I h I in writing of this change.	re to aco perform for in (ereby c	t in this capa ance of my a Chapter 605 onfirm that t	icity. I further agree to comply with the luties, and I am familiar with and accep . F.S. Or, if this document is being filed the limited liability company has been
/s/ D	evorah Glazer			
Signatur	re of Registered Agent			