Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000428339 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

**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 214 LAKEVIEW AVE LLC

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T. LEMIEUX DEC 19 2023

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 214 LAKEVIEW AVE	LLC
Name of Lin	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Many Castilla	
Mary Castillo	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
5301 Southwest Pkwy, Suite 400	
Address	<u> </u>
Austin, Texas 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual repor	t notification)
For further information concerning this matter, please ca	all:
Mary Castillo 88	88 705-7274
Name of Person	Area Code & Davtime Telephone Number
The state of the s	And Code & Bayante Pelephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following amount:	:

☐ \$55 Filing Fee & Certified Copy

☐ \$25 Filing Fee

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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.

. N	ame of the limited liability company: 214 LA	AKEVIEW AV			
. (a)	732 LINDA AVE	(b) 73	(b) 732 LINDA AVE		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:		
			(Note: MAY BE POST OFFICE BOX) IORNWOOD, NY 10594		
	1101(111100)		101(11VVOOD, 141 10394		
	Date of filing/registration in Florida	 4,	Document number		
(-)	PEGISTEPED AGENT SOLL	IONS. INC.			
(a)	Registered Agent and Registered Office shown on the reco		of State:		
	155 OFFICE PLAZA DR., SU	ITE A			
	Registered Office Address (MUST BE FLORIDA STE		***************************************		
	TALLAHASSEE	_, _{FL} 32301			
(b)	Registered Agent Solutions, In	IC.	.,		
	Enter name of NEW Registered Agent and/or NEW Regi	istered Office address:	 ;		
	2894 Remington Green Ln.		÷ .		
	NEW Registered Office Address:				
	Ste. A				
	Tallahassee	_, _{FL_} 32308			
ent v is/we	imited liability company is not organized under thange or changes are made, the Florida street addrewell be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the members of organization or the operating agreement of	ess of the registered ted liability company bers of the limited lia	office and the business office of the registe y, it is hereby confirmed that the change(s) ability company or as otherwise provided i		
s/	Mackenzie Hibler	М	ackenzie Hibler, Authorized Person		
Signar	ture of a member or authorized representative of a member		Printed or typed name of signee		

provisions of all statutes relative to the proper and complete performance of my dutics, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of the change.

Mackenzie Hibler, Assistant Secretary

Signature of Registered Agent