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(((H22000242165 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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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.

r 11	Address:		
	ADDITESS:		

LLC REGISTERED AGENT CHANGE **HECTOR FINE ART LLC**

Certificate of Status	0
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Page Count	03
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H22000242165 3

	COVER LETTER				
TO: Registration Section Division of Corporations					
JBJECT: HECTOR FINE ART LLC					
	of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this	matter to the following:				
Joshua Murphy					
Name of Person					
Registered Agent Solutions, Inc.					
Firm/Company					
Corporate Center One, 5301 Southwest	Pkwy, Ste 400				
Address					
Austin, TX 78735					
City/State and Zip Code					
E-mail address: (to be used for future annual For further information concerning this matter, p					
Joshua Murphy	at ()				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following a	closed is a check for the following amount:				
□ \$25 Filing Fee	S55 Filing Fee & Certified Copy				
INHS18 (2/14)					

H22000242165 3

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

(a)	nne of the limited liability company: 1 PENN PLAZA 6TH FL		_(b) 1 PE	NN PLAZA	6TI	H FL	
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) NEW YORK, NY 10119			Mailing address of limit (Note: MAYBE PO) YORK, NY	<u>ST OFF</u>	TCE BOX	
	4/30/2021		M2100	0005199			
	Date of filing/registration in Florida	4.		Document number	•		
(a)	BLUMBERGEXCELSIOR CORPORATE	SERVIC	ES, INC.				
(u)	Registered Agent and Registered Office shown on the record	ls of the Flori	ida Dept, of Stat	te:			
	155 OFFICE PLAZA DRIVE	E 1ST	FL				
				-			
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRE.	<u>(SS)</u>				
	TALLAHASSEE	ET ADDRE		-		2	
'b)		. _{FL} 323		-		ال 2022	
(b)	TALLAHASSEE	, _{FL} 323	301	-		2022 לוטך	-
(b)	TALLAHASSEE Registered Agent Solutions, Inc.	, _{FL} 323	301	-		8	
(b)	TALLAHASSEE Registered Agent Solutions, Inc. Enter name of NEW Registered Agent and/or NEW Regist	, _{FL} 323	301	-		8	
(b)	TALLAHASSEE Registered Agent Solutions, Inc. Enter name of NEW Registered Agent and/or NEW Regist 155 Office Plaza Dr.	, _{FL} 323	301	-		2022 JUL 18 AM 10: 50	

was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Albert	Parisi
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Albert Parisi

Authorized Person

Signature of a member or authorized representative of a member

Mackenzie Hart, Asst. Secretary

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, 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 this change.

Signature of Registered Agent