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			Fax Number	: (850)617-6383
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١.		ALC:	Account Name	: FILE RIGHT LLC
5	.	7523	Account Number	: I20170000091
		್ರಿಕ್ಟ	Phone	: (718)878-5811
· :	Ξ.	38.0		: (718)732-4580
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LLC REGISTERED AGENT CHANGE DASMEN RESIDENTIAL LLC

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M. SOLOMON

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H240000388893

TO: Registration Section

Division of Corporations

SUBJECT: DASMEN RESIDENTIAL LLC

Name of Limited Liability Company

Dear Sir or Madam:

Mark Fuchs

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person			
File Right RA Services, LLC			
Firm/Company			
1425 37th Street, Suite 201			
Address		<u> </u>	
Brooklyn, NY 11218			
City/State and Zip Code			
agent@filcacorp.com			
E-mail address: (to be used for future and	nual report noti	fication)	
For further information concerning this matter	, please call:		
Sara Ringel	718 at (878-581i)	
Name of Person		Area Code & Daytime Telepho	ne 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 amount:

H240000388893

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

JAH31 AM 9: 16

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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.

1. N	fame of the limited liability company: DASMEN	RESIDE	NTIAL LLC
2, (a)	581 N FRANKLIN TURNPIKE Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	RAMSEY, NJ 07446	 —	
3.	10/12/2021	_ , _	M21000013405
	Date of filing/registration in Plorida	4	Document number
5 (a	Business Filing Incorporated		
	Registered Agent and Registered Office shown on the records of	fthe Florida Dep	i, of State:
	1200 South Pine Island Rd, Plantation, FL 33326		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESSI	——————————————————————————————————————
	,		
4.	00.001.04.0 1 11.0		;, <u></u>
(b)	File Right RA Services, LLC Enter name of NEW Registered Agent and/or NEW Registered	d Office address	;
			σ
	625 E Twiggs Street, Ste. 110		
	NEW Registered Office Address:		
			
	Tampa, FL 33602		<u>.</u>
chang agent	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registered o iability compa of the limited	thice and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	Mark Fuchs		uchs, Authorized Person
•	nature of a member or authorized representative of a member		Printed or typed name of signec
the older	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provid rely reflect a change in the registered office address, I ed in writing of this change.	ree to act in t e performance ed for in Chap I hereby confi	his capacity. I further agree to comply with the e of my duties, and I am familiar with and accept oter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
/s	Mark Fuchs		
Signa	ture of Registered Agent		H240000388893