

L14000052570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

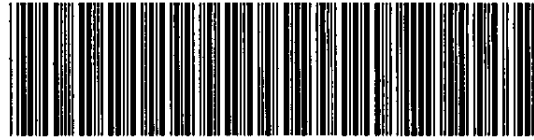
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2016 OCT 25 PM 5:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
OCT 27 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 28, 2016

SCOTT SILVER
2980 MCFARLANE RD.
SUITE 12
MIAMI, FL 33133

SUBJECT: GROUPER SOMI, LLC
Ref. Number: L14000052570

We have received your document for GROUPER SOMI, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 016A00020891

RECEIVED
2016 OCT 25 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Grouper Somi, LLC

Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Scott Silver

Name of Person

Firm/Company

2980 McFarlane Rd

Address

Miami, FL 33133

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Silver

at (305)

788-6164

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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: Grouper Somi, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

2980 McFarlane Rd, Ste 12

Miami, FL 33133

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

2980 McFarlane Rd, Ste 12

Miami, FL 33133

03/31/14

L14000052570

3. _____ Date of filing/registration in Florida

4. _____ Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Scott Silver

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

18001 Old Cutler Rd, Ste 600

Miami, FL 33157

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Ashley Sodeman

NEW Registered Office Address:

2980 McFarlane Rd, Ste 12

Miami, FL 33133

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TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) 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.

[Signature]
Signature of a member or authorized representative of a member

Scott Silver

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]
Signature of Registered Agent