

25000113348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

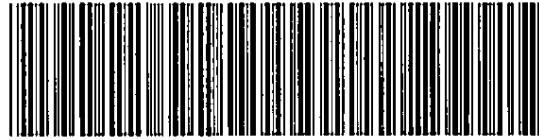
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

GRAMMOORS LLC

SUBJECT: 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:

Joao Jung

Name of Person
BRISTOL BUSINESS MANAGEMENT

Firm/Company
1110 Brickell Ave. Suite 703

Address
Miami, FL, 33131

City/State and Zip Code
bristolbm@bristolbmusa.com

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

For further information concerning this matter, please call:

Joao Jung 786 4618137
Name of Person at () 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 amount:

- Input boxes for \$25 Filing Fee and \$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.

GRAMOORS LLC

1. Name of the limited liability company: _____
 17242 NW 60 COURT Miami FL 33131 999 PONCE DE LEON BLVD SUITE # 935

2. (a) _____ (b) _____
 Principal office address of limited liability company: _____ Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
 _____ CORAL GABLES, FL. 33134 US

3. _____ 4. _____
 Date of filing/registration in Florida Document number
 MYRIAM C. GONZALEZ, PA

5. (a) _____
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
 999 PONCE DE LEON BLVD SUITE # 935

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

 CORAL GABLES 33134
 _____, FL _____

Bristol Business Management LLC
 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
 1110 Brickell Ave. Suite 703.

NEW Registered Office Address:

 Miami 33131
 _____, FL _____

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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 of a member or authorized representative of a member ANDRADE DA GRACA, LUIZ CARLOS

 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