2018-01-30 13:31 04 CST

12122023573 From: Kimberly Lau

1/30/2018

Division of Corporations

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

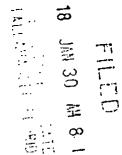


\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

ess:		<del></del>			
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## LLC REGISTERED AGENT CHANGE GRAND SLAM SOCIAL, LLC

Certificate of Status	0
Certified Copy	- 0
Page Count	03
Estimated Charge	\$25.00



Electronic Filing Menu

Corporate Filing Menu (LEGGET)

Help

## COVER LETTER

TO:	Registration Section Division of Corporations		: <b>.</b>	
SUBJ	GRAND SLAM SOCIAL, LLC			
	Nan	ne of Limite	ed Liability Company	
Dear S	or Madam:			
The er	nclosed Registered Agent/Registered Off	ice Change	and fee(s) are submitted for filing.	
Please	return all correspondence concerning th	is matter to	the following:	
Shona	Rosenblum			
	Name of Person			
Grand	Slam Social, LLC			
	Firm/Company		· <del></del>	
185 M	assachusetts Ave. Apt 801			
	Address			
Bostor	ı, MA 02115			
	City/State and Zip Code			
shona(	@grandslamsocial.com			
	i-mail address: (to be used for future and	iual report n	notification)	
For fu	rther information concerning this matter.	, please call:	l:	
Shona	Rosenblum	315 at (	527-0766	
	Name of Person		Area Code & Daytime Telephone Num	ıber
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	
	2661 Executive Center Circle Tallahassee, Florida 32301		Talluhassee, Florida 32314	
	Enclosed is a check for the following	; amount:		
	☑ \$25 Filing Fee		S55 Filing Fee & Centified Copy	
INHS	\$ (2/14)			

## 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.

l. Na	ame of the limited liability company: GRAND SLAM	SOCIAL,	LLC
2. (a)	185 Massachusetts Ave. Apt 801		185 Massochusetts Ave. Apt 801
()	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Boston, MA 02115	_	Roston, MA 02115
	01/25/2016		L16000014528
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CLINE, ASHLEY		
(u)	Registered Agent and Registered Office shown on the records of	the Florida	Sept. of State:
	Registered Office Address <u>(MUST BE FLORIDA STREET</u> .  13726 Callington		· 3 - 3 - 1
			4
	WELLINGTON, FL 33414 , FL	,	
/h.\			
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	Iren:
	C T Corporation System	·	
	NEW Registered Office Address:		
	1200 South Pine Island Road		<u></u>
	Plantation, FI.	33324	
the cha agent w was/we the arti	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litre authorized by an affirmative vote of the members celes of organization or the operating agreement of the	the regis ability co of the lim limited l	stered office and the business office of the registere impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in isbility company.
	sure of a member or authorized representative of a member		Printed or typed name of signee
C T Co	by accept the appointment as registered agent and agroups on sof all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing of this change.  Orporation System The following of the confection of the change of Registered Agent	ree to act performe d for in C hereby co	in this capacity. I further agree to comply with the unce of my duties, and I am familiar with and accept thapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been Brian Mueller Assistant Secretary

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00