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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES
Account Number : I20160000008
Phone : (850)777-2091
Fax Number : (770)220-1943

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

Email Address: _____

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APPROVED
AND
FILED

**REGISTERED AGENT CHANGE
GRAPL, LP**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$35.00 |

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Grapi, LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A17000000676

The enclosed Statement of Change of Registered Office and/or Registered Agent and fcc(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Zivi Nedivi
Contact Person
Grapi, LP
Firm/Company
P.O. Box 1767
Address
New York, NY 10150
City, State and Zip Code
znedivi@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zivi Nedivi at (954) 471-2222
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Grapi, LP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 12/27/2017 3. A17000000676
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

NRAI Services, Inc.
Name
1200 South Pine Island Road
Address
Plantation, FL 33324
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Zivi Nedivi
Name
101 South Fort Lauderdale Beach Blvd. Apt 2006
Florida street address (P.O. Box not acceptable)
Fort Lauderdale FL 33316
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Signature of General Partner

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.

by: Zivi Nedivi
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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