## A97000000032

• ~
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·





200133815932

08/04/08--01030--004 \*\*55.00

OB AUG -4 PM 1:42 SECRETARY OF STATE PARLANASSEE, FLORIDA

M. THOMAS

AUG - 5 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: John A. Grant, Jr., Limited Partnership  (Name of Limited Liability Company)		
(Name of Lif	miled Liability Company)	
Dear Sir or Madam:		
The state of the s		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this i	natter to the following:	
W Keith Grant		
(Name of Person)	<del></del>	
John A. Grant, Jr., Limited Partnership		
(Firm/Company)		
3333 N Federal Hwy, Ste 3		
(Address)	<del></del>	
Boca Raton FL 33431 (City/State and Zip Code)		
(Chy/State and Zip Code)		
For further information concerning this matter, pl	ease call	
To rutue, information concerning this matter, pr	case can.	
W Keith Grant at (	561 395-3333	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
□ \$25 Filing Fee		

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: John A. Gra	ant, Jr., Limited Partnership	<b>23</b>
2. (a) Principal office address of limited liability compan ( <i>Note: MUST BE STREET ADDRESS</i> )	ny: 3333 N Federal Hwy, Ste 3 Boca Raton FL 33431	<b>6</b>
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3333 N Federal Hwy, Ste 3 Boca Raton FL 33431	<b>6</b>
January 3, 1997  3. Date of filing/registration in Florida	A97000000032 FC 4. Document number	1- 90V 80
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	- PR '
Registered Agent:	John A. Grant, Jr.	1:43
Registered Office Address:	3333 N Federal Hwy, Boca Raton FL 33431	 B
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	W Registered Office address:  W. Keith Grant	æ
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3333 N Federal Hwy, Ste 3 Boca Raton FL 33431 ,FL	
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chareby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company.  (Signature of amember or authorized representative of a member)  (Printed or typed name of signee)  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the propany limited in the provisions of all statutes relative to the propany limited in the provisions of all statutes relative to the propany limited in the provisions of all statutes relative to the propany limited in the provision of the obligations of my position for the provision of the obligations of my position for the provision of the obligations of my position for the provision of the obligations of my position for the provision of the obligations of my position for the provision of the obligations of my position for the provision of the obligations of my position for the provision of the obligations of my position for the provision of the obligations of my position for the provision of the obligations of my position for the provision of the provision of the obligation of my position for the provision of the provision o	et address of the registered office and the busine case of a Florida limited liability company, it is by an affirmative vote of the members of the lim of organization or the operating agreement of the	ess nited e
F.S. Or, if this document is being filed to merely reflect a confirm that the limited tradility company has been notified (Signature of Registered Agent)	change in the registered office address, I hereby d in writing of this change.	ν

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