## K95327

(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:				

Office Use Only



200058439312

08/12/05--01015--002 \*\*35.00

O5 AUG 12 AN 11: 53
SECRETARY OF STATE
TALLAHASSEE FISIATE



## WILLIAM D. SOMAN, P.A.

3471 Main Highway, #622 Coconut Grove, Florida 33133

REPLY TO: POST OFFICE BOX 330637 COCONUT GROVE, FLORIDA 33233 TELEPHONE 305-476-1485 FACSIMILE 305-476-1486

August 9, 2005

Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re: Statement of Change

Dear Sir or Madam:

You will find enclosed one (1) Statement of Change of Registered Office or Registered Agent for a Limited Liability Company and five (5) Statements for Corporations. Checks for the filing fee are attached to each Statement.

Let me know if you need any further information.

Sincerely,

William D. Soman

WDS/hn

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cl	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida State is submitted for a corporation organized under the laws of the State of $\overline{F}$ to change its registered office or registered agent, or both, in the State of Flo	lorid	is la	_
1. The name of the	ne corporation: GRAND RIVER LAND III CORP.			
2. The principal of	office address: 3471 Main Highway, #622	~· Z		
	Miami, FL 33133	<del></del>		<del></del>
3. The mailing ac	dress (if different):			
4. Date of incorp	oration/qualification: 66/14/1989 Document number: K95327			
5. The name and Florida Depart	street address of the current registered agent and registered office on file with ment of State:	the		
•	William D. Soman			
	9000 Arvida Drive	-		
-	Coral Gables, FL 33156 .	TAE SE	05	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	CRETAR LAHASS	AUG 12	
	William D. Soman, P.A.	- HO - HO - HO - HO - HO - HO - HO - HO		П
	3471 Main Highway, #622 (P.O. Box NOT acceptable)	STATI FLORIC	班    5	U
	Miami, FL 33133.		ယ	
The street address as changed will	es of its registered office and the street address of the business office of its be identical.	registere	ed age	nt,
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an o	fficer so	i	
J Jean (Signatur	Jean P. Soman, Pres	iden	t	
I further gerêe te	the appointment as registered agent and agree to act in this capacity. It is comply with the provisions of all statutes relative to the proper and comp If I am familiar with and accept the obligation of my position as registered in the registered office address, I hereby been notified in writing of this change.	lete perj agent. ( confirm	forma Or, if i 1 that :	nce this the
Mus	August 8, 2005 (Date)			
If signing on bel	alf of an entity:	_		
	Soman, President /ped or Printed Name)	÷		

\* \* \* FILING FEE: \$35.00 \* \* \*