- L02000010693

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JUN 14 2010 EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT:T	he Gray Family, LLC
	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 concernin	g this matter to the following:
John C Gray Jr Name of Person	
The Gray Family, LLC Firm/Company	
1525 International Parkway, Sui	ite 4051
Lako Many Elarida 22746	2
Lake Mary, Florida 32746 City/State and Zip Code	<u> </u>
jgray@pinnacleorlando.co E-mail address: (to be used for future annual report	m notification)
For further information concerning this mat	tter, please call:
	at (407) 333-0090
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the followi	ng amount:
\$25 Filing Fee	\$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 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.

Name of the limited liability company:	The Gray Family, LLC
2. (a) Principal office address of limited liability compan	y: 1525 International Parkway
(Note: MUST BE STREET ADDRESS)	Suite 4051 Lake Mary, Florida 32746
(b) Mailing address of limited liability company:	same as above
(Note: MAY BE POST OFFICE BOX)	
5/3/2002	L02000010693
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	SALZMAN, GARY
Registered Office Address:	301 E. PINE STREET SUITE 1400 ORLANDO FL 32801
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW Registered Agent</u> :	W Registered Office address:
NEW Registered Office Address:	1525 International Parkway
(MUST BE FLORIDA STREET ADDRESS)	Suite 4051
	Lake Mary ,FL32746
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization
John C. Gray, Jr Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statules relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address. I hereby confirm that the limited liability compan	igree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in crely reflect a change in the registered office y has been notified in writing of this change.
Signature of Registered Agent	
Division of Corporations, P.O. Box 63	327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (05/08)