

(Re	equestor's Name)		
(Ad	ldress)		
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(Cit	ty/State/Zip/Phone	; #)	
PICK-UP		MAIL	
(Business Entity Name)			
(Document Number)			
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---- 08/26/11--01012--014 **25.00



J. SAULSBERRY EXAMINER AUG **29 2011**

I.

COVER LETTER

TO: **Registration Section Division of Corporations**

Grand Slam Properties Name of Limited Liability Company SUBJECT:

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Grimpe Name of Person Gravd-Slam Properties, LC Firm/Company Windsor Rd Jupiter, F2 33469 City/State and Zip Code Jelloo7@ yahoo.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (440, 241-4549 Grimpe 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 following amount:



\$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. Ω 1 ٨ \sim 110

1. Name of the limited liability company:	a slam troperties, u
2. (a) Principal office address of limited liability compan	y:
(<i>Note: MUST BE STREET ADDRESS</i>)	Windsor Rd Jupiter, F2 33469
(b) Mailing address of limited liability company:	- · ·
(Note: MAY BE POST OFFICE BOX)	L Windsor Rd Jupiter, FL 33469
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:	Brian Currie
Registered Office Address:	2740 NW 51 Terr Margate, FZ 33063
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	W Registered Office address: Ed Grimpe
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1 Windsor Rd Jupiter, FL 33469
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 ident liability 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 or so there or the operating agreement of the limited liability company or so there or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and a comple with the provisions of all statutes relative to the pre- and T am familiar with and accept the obligations of my po- hapter 608 F.S. Or, if this document is being filed to me- adaress, thereby confirm that the linear liability company	lorida street address of the registered office ical. Or, in the case of a Florida limited) was/were authorized by an affirmative vote wise provided in the articles of organization /.
Signature of Registered Agent	
Division of Corporations, P.O. Box 63 FILING FEE: ST	

FILING FEE: \$25.00