

L03000045094

(Requestor's Name)

Graves
623 N. Railroad Avenue
Boynton Beach, FL 33435

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Name
Availability

Document

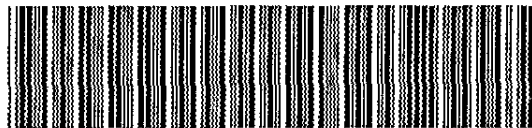
Examiner DCC
Office Use Only

Updater DCC

Verifier DCC

Vol no Redgement DCC

A.P. Verifier DCC



200029224642

02/26/04--01055--002 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 FEB 26 AM 8:16

**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. The name of the limited liability company is: GRAVES CUSTOM CYCLES, LLC
2. The mailing address of the limited liability company is : 623 N. RAILROAD AVE, BOYNTON BEACH, FL 33435
3. Date of filing/registration in Florida NOV. 10, 2003
4. Document number LO3000045094
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

MICHAEL D. MACDONALD
Name
2300 PALM BEACH LAKES BLVD, STE 217
Address
WEST PALM BEACH, FL 33409
City, State and Zip

6. The name and address of the new registered agent and/or office:

NINA GRAVES
Name
623 N. RAILROAD AVE.
Florida street address (P.O. Box NOT acceptable)
BOYNTON BEACH, FL 33435
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Nina Graves, V.P.
(Signature of a member or authorized representative of a member)

NINA GRAVES
(Printed or typed name of signer)

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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Nina Graves
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 FEB 26 AM 8:16