## 604000069898

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## TRANSMITTAL LETTER

TO: Registration S Division of C					
SUBJECT: Group II	I, LLC				
	(Name of L	imited Liability Company)			
The enclosed Articles	of Amendment and fee(s) are so	ubmitted for filing.			
Please return all corres	pondence concerning this matte	er to the following:			
	Amy Brown		·····		
	1	(Name of Person)			
Katz	Teller Brant & Hild				
		(Firm/Company)			
255 E. Fi	fth Street, Suite 2400				
<del>_</del>		(Address)			
Ci	ncinnati OH 45202				
	(City	/State and Zip Code)	SSEE	41 69 19 57 12: 24	
For further information	concerning this matter, please	call:	FLOS	- (설 - 1 - (전	٠.
Amy Brown		at (513 721-453		12	
	(Name of Person)	(Area Code & Daytime	: Telephone Number)		
Enclosed is a check for th	e following amount:				
<b>Ø</b> \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	ed)	

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, Florida 32314

## 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 limit	ed liability compan	y is: Group III, LLC	3		·
2. The mailing address of					
Unit #8 Naples, FL 34					
9/24/04		L(	04000069898		
3. Date of filing/registra	tion in Florida	- <u>- 4. 1</u>	Document number		
5. The name of the regis Florida Department of	tered agent and the rand the rand the rand the rand the rand F. Grein Richard F. Grein		ess as shown on the r	ecords of the	he
	6357 Marissa L	Name Loop Unit #8			
	Naples, FL 341				<u> </u>
		City, State and Zip			٥ ٦
6. The name and address	fic of the new register  Richael  6537 Marissa L	d F. Grei		HALLAHASSEE FLORIDA	05,1197 o 54,15; 5;
			C	-	
	Florida street ad	dress (P.O. Box <b>NO</b> 7	acceptable)		
	Naples	FL 34108			
	Ci	ity, State and Zip			
If the limited liability co- confirmed that after the and the business office of liability company, it is he the members of the limit the operating agreement	change or changes a of the registered ages ereby confirmed tha ed liability compan of the limited liabil	are made, the Florida and will be identical. (at the change(s) was/vy or as otherwise provity company.	street address of the r Or, in the case of a Flowere authorized by an	registered o orida limite affirmativ	office ed e vote of
(Signature of a member or author	orized representative of a r	member)			
Richard F. Greiwe					
(Printed or typed name of signe		<del></del>			
I hereby accept the app comply with the provision and I am familiar with a Chapter 608, F.S. Or, is address, I hereby confirm	ointment as register ns of all statutes re nd accept the oblige this document is be n that the limited li	ed agent and agree to lative to the proper a ations of my position eing filed to merely re ability company has t	o act in this capacity. nd complete performa as registered agent a effect a change in the been notified in writin	I further a ance of my s provided registered ig of this cl	igree to duties, for in office hange.

(Signature of Registered Agent)

FILING FEE: \$25.00

INH\$18(10/99)