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SECRETARY OF STATE SECRETARY OF CORPORATIONS DIVISION OF CORPORATIONS



COVER LETTER

TO:	Registration Section Division of Corporations			
	,			
SUBJ	ECT: GRIEGER SALES, LL	.C f Limited Liabilit	v Company)	
	· (Name of	Elimited Elubini	y Company)	
Dear :	Sir or Madam:			
The e	nclosed Registered Agent/Registered	Office Change a	and fee(s) are submitted for filing	g.
Please	e return all correspondence concernin	g this matter to t	he following:	
	·		•	
$D\Delta V$	ID D. HALLOCK, JR.			
<u> </u>	(Name of Person)		-	
				3ECRE PART 2006 JUN -9
<u>GR/</u>	Y ROBINSON, P.A. (Firm/Company)		-	N CHARLES
	(Timb Company)	· · ·		- 9
ONE	LAKE MORTON DRIVE	*AF		P
	(Address)		•	N-9 PM 12: 17
1 8 1/1	TLAND FLODIDA 22004			7
LAN	ELAND, FLORIDA 33801 (City/State and Zip Code)		-	
For fu	rther information concerning this ma	tter, please call:		
DAV	ID D. HALLOCK, JR.	at (<u>863</u>	284-2200	3 7 1 3
	(Name of Person)	(4	Area Code & Daytime Telephon	e 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 follow	ing 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.

1. The name of the limited liability company	S: GRIEGER SALES, LLC
2. The mailing address of the limited liability	company is: 2901 CASEY KEY ROAD
NOKOMIS, FLORIDA 34275	
12/27/2004	L04000093442
3. Date of filing/registration in Florida	4. Document number
Florida Department of State: ROBERT J. BE ONE LAKE MOR	Name RTON DRIVE Address DRIDA 33801 y, State and Zip agent and/or office: OCK, JR. Name
Florida street addre	ess (P.O. Box NOT acceptable)
LAKELAND	FL 33801
City,	State and Zip
confirmed that after the change or changes are and the business office of the registered agent liability company it is hereby confirmed that the	d under the laws of the State of Florida, it is hereby made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited he change(s) was/were authorized by an affirmative vote by or as otherwise provided in the articles of organization ity company.
JOHN E. GRIEGER	•
(Printed or typed name of signee)	and and approximate acting this comparity. I find
comply with the provisions of all statutes related and I am familiar with and accept the obligation of this document is being the comment of the comment in the comment is being the comment of the comment in the comment in the comment is being the comment of the comment in the comment in the comment is being the comment of the comment	agent and agree to act in this capacity. I further agree to ive to the proper and complete performance of my duties, was of my position as registered agent as provided for in g filed to merely reflect a change in the registered office lity company has been notified in writing of this change.
(Signature of Registered Agent)	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00