L0500009705

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SEGRETARY OF STATE
ANALYSIS STREET

Office Use Only



11512 Lake Mead Avenue, Unit 303 • Jacksonville, FL 32256 Phone: 904.493.3200 • Facsimile: 904.493.3201

December 18,2008

VIA U.S. MAIL

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

RE: The Gramercy Group, LLC/Document # L05000009705

Dear Sir of Madam:

Please find enclosed a completed Cover Letter, and Statement of Change of Registered Office/Agent and our firm's check # 2098 in the amount of \$25.00, representing filing fees.

Should you need anything further at this time, please do not hesitate to contact me.

Sincerely,

Mary G. Morcom

Enclosures

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: The Gramercy Group LLC (Name of Limited Liability Company)		
(Camb of Land Blacking Company)		
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:		
Jance G. Montanus (Name of Person)		
The Gramercy Group LC		
8511 Meadowbluff Ct.		
Cincinnati OH 45242 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Janice Montanus at (513) 886-5355		
(Name of Person) (Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section Division of Corporations Division of Corporations		
Clifton Building P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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. Gramercy 1. Name of the limited liability company: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) L05000009705 ling/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State. Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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. Vanue G. Montanus (Signature of a member or authorized representative of a member) G. Montanus (Printed or typed name of signee)

(Signature of Registered Agent)

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 timbed liability company has been notified in writing of this change.