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| (Requestor's Nan | ne) | |
|---|----------------|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Ph | one #) | |
| PICK-UP WAIT | MAIL | |
| (Business Entity I | Name) | |
| (Document Number) | | |
| Certified Copies Certification | ates of Status | |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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2010 FEB 26 AN II: 27
SECRETARY OF STATE
AND ANSSEE, FLORIDA

FILED

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EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: GRAI | IAR SECOND STREET, LLC |
| | Name of Limited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Re | gistered Office Change and fee(s) are submitted for filing. |
| Please return all correspondence co | oncerning this matter to the following: |
| | • |
| DAVID A BACON, Esqu | ire |
| Name of Person | |
| BACON & BACON, P.A. | DIDFEB 26 SECRETAR'SALLAHASS |
| Firm/Company | |
| 2959 First Avenue No | rth FEOT A |
| Address | PATE ORION |
| St. Petersburg, FL | 33713 |
| City/State and Zip C | ode |
| jodi@baconandbacon.c | om |
| E-mail address: (to be used for future ar | nual report notification) |
| For further information concerning | this matter, please call: |
| Jodi Furlong | 727 327-3935 at () |
| Name of Person | Area Code & Daytime Telephone Number |
| STREET/COURIER ADDR | ESS: MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| Clifton Building | P.O. Box 6327 |
| 2661 Executive Center Circle Tallahassee, Florida 32301 | Tallahassee, Florida 32314 |
| Enclosed is a check for th | e following amount: |
| kx \$25 Filing Fee | \$55 Filing Fee & Certified Conv |

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.

| agoni, or boin, in the state of Fibrial. | | |
|--|--|--|
| 1. Name of the limited liability company: 6RAHAR | SECOND STREET, LLC | |
| 2. (a) Principal office address of limited liability company: | | |
| (Note: MUST BE STREET ADDRESS) | 9741 INTERNATIONAL CT N ST PETERSBURG FL 33716 | |
| (b) Mailing address of limited liability company: | | |
| (Note: MAY BE POST OFFICE BOX) | | |
| - | SAME AS ABOVE | |
| 3/11/2005 | L05000024654 | |
| 3. Date of filing/registration in Florida 4 | . Document number | |
| 5. (a) Registered Agent and Registered Office shown on the | ne records of the Florida Dept. of State: | |
| Registered Agent: | GRADY C. PRIOGENTIATIE | |
| Registered Office Address: | 9741 INTERNATIONAL CT N | |
| | ST PETERSBURG FAZZ33046 | |
| | 77 | |
| (b) Enter name of NEW Registered Agent and/or NEW | Registered Office address | |
| | 5m C | |
| NEW Registered Agent: | David A. Bacon, Esquire | |
| NEW Registered Office Address: | 2959 First Avenue North | |
| (MUST BE FLORIDA STREET ADDRESS) | St. Petersburg, ,FL 33713 | |
| | 5t. retersburg, ,rt 33713 | |
| 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. Signature of a member or authorized of a member GLADY C. PRIOGEN, III. | | |
| Printed or typed name of signee | • | |
| I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the pro- and I am familiar with and accept the obligations of my pos- chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company Signature at Registered Agent | ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change. | |
| afkuarare M refineran when | | |

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