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COVER LETTER

TO: Registration Section Division of Corporations	
Grouper Financial Realty, L	LC
	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	is matter to the following:
Scott Silver	
Name of Person	
Firm/Company	
2980 McFarlane Rd #12	
Address	
Miami, FL 33133	
City/State and Zip Code	
E-mail address: (to be used for future ann	nual report notification)
For further information concerning this matter,	·
Scott Silver	305 788-6164
Name of Person	Area Code & Daytime Telephone 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 following	amount:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

	ame of the limited liability company:		<i>a</i> >				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)	N	Aailing address of limited li		-
	2980 McFarlane Rd, Suite 12		20	80 Mc			,
	·		2980 McFarlane R, Suite 12				
	Miami, FL 33133		Mi —	ami, F	L 33133		
	06/27/05		L05	00006	3350		
3.	Date of filing/registration in Florida	4.			Document number		
5. (a)	Scott Silver						
J. (a)	Registered Agent and Registered Office shown on the records of	of the Flor	rida Depi	, of State	::		
						چ سد،	图绘
	Registered Office Address (MUST BE FLORIDA STREE	TADDRE	ESS)			S	
	18001 Old Cutler Rd, Suite 600					SEP (777
	Miami	_L 3315	57		•	26 P	
(b)	Ashley Sodeman					<u></u> 말 5:	F1.03
(b)	Enter name of NEW Registered Agent and/or NEW Register	ed Office	address	 ;		 	表示
							9."
	NEW Registered Office Address:						
	2980 McFarlane Rd, Suite 12						
	Miami , F	_L 3313	33				
16411				C E I .		محالة المحسس	· &
	imited liability company is not organized under the lange or changes are made, the Florida street address						
agent v	vill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members	liability	compa	ıny, it is	hereby confirmed that	t the chang	e(s)
the arti	icles of organization or the operating agreement of the	e limite	d liabil	ity con	ipany.	wise provid	cu m
		S	cott S	ilver			
Sign a	ture of a member or authorized representative of a member	_			Printed or typed name of s	signee	
provisi the obl to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple igations of my position as registered agent as provic ely reflect a change in the registered office address, d in writing of this change.	gree to d le perfoi led for i I hereby	act in to rmance in Chap v confir	his cape of my c oter 605 m that	acity. I further agree t duties, and I am famili , F.S. Or, if this docur the limited liability con	to comply war with and nent is bein npany has	ith the l accept ig filed been
Signatur	re of Registered Apont						