L05000106812

(Requestor's Name)				
(Ad	ldress)			
(Address)				
	·			
	v/State/7in/Dhan	o #\		
. (City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
	,			
(Business Entity Name)				
(—	,	···· ··		
(Do	cument Number)		
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer			
Opecial instructions to 1 ming Officer.				

Office Use Only



000082633520

12/26/06--01045--009 **25.00

SECRETARY OF STATE STATE OF CORPORATIONS

COVER LETTER

Division of Corporations		
SUBJECT: Greatland Savannah,		
(Name of	f Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concernin	ig this matter to the following:	
·		
Carl-Christian Thier		
(Name of Person)		
	06 DEC 26 PM 3: 2	
Jupiter USA, Inc.		
(Firm/Company)	C 2	
	6 CO	
200 S. Orange Avenue, Suite 20	<u>25 </u>	
(Address)	06 DEC 26 PM 3: 2	
. .	21	
Orlando, FL 32801	<u> </u>	
(City/State and Zip Code)		
For further information concerning this ma	tter, please call:	
Carl-Christian Thier	at (407) 245-8360	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations P.O. Box 6327	
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301	Tananasses, Florida 52511	
Enclosed is a check for the following	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 limit	ed liability company is:	Greatland Savannah, LLC		
2. The mailing address o	f the limited liability co	mpany is : 200 S. Orange Avenue	e, Suite 2025	
Orlando, FL 32801				
11/02/2005 3. Date of filing/registration in Florida		L05000106812 4. Document number		
•	ered agent and the regist	tered office address as shown on the	records of the	
1	Warren Stanchin	a		
		Name tional Dr., Suite 515 Address	90 11A10 15	
		State and Zip	06 DEC	
6. The name and address	of the new registered ag	ent and/or office:	OF C	
	Urban & Thier, P.A	۸.	ORPO ORPO	
		lame	, Pi	
	200 S. Orange Ave		3: 21	
	Florida street address	(P.O. Box NOT acceptable)	- #S	
	Orlando	FL 32801		
	City, St	ate and Zip		
confirmed that after the cl and the business office of liability company, it is he.	nange or changes are mathe registered agent will reby confirmed that the nited liability company out of the limited liability	ander the laws of the State of Florida ade, the Florida street address of the I be identical. Or, in the case of a F change(s) was/were authorized by a per as otherwise provided in the article company.	registered office lorida limited n affirmative vote	
Time	•	,		
(Printed or typed name of signee)				
• • • • • • • • • • • • • • • • • • • •	ntment as registered ag s of all statutes relative d accept the obligations his document is being fi that the limited liability	ent and agree to act in this capacity to the proper and complete perform of my position as registered agent a led to merely reflect a change in the company has been notified in writin	. I further agree to ance of my duties, is provided for in registered office ng of this change.	

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