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J. SAULSBERRY EXAMINER DEC 1 4 2011

COVER LETTER

SUBJECT: Grafford & Grafford Properties LLC Name of Limited Liability Company.	<u>-</u>		
DOCUMENT NUMBER: 100000 1608	_		
The enclosed Resignation of Registered Agent for a Limited Liability Company and for filing.	e are su	ıbmitte	d
Please return all correspondence concerning this matter to the following:			
Susan C Gifford Name of Person			
Gifford & Cafford Properties LLC Name of Firm/Company	SEC	2011	
1022 N Swinder Ave	AHASSI	DEC 12	* (***
LAKelard Pl 33805 City/State and Zip Code	OF STAT	E C	100
Conald gifford ymail-com E-mail address (to be used for future annual report notification)	D E	, · . u	
For further information concerning this matter, please call:			
Royald D Cafford at (803) 581-3342 Name of Person at (803) 581-3342 Area Code & Daytime Telephone Number	oer		

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

TO:

Amendment Section Division of Corporations

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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. 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) XIII 0000001 Date of filing/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 of tice 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 representative of a member Printed or typed name of signee 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 limited liability company has been notified in writing of this change.

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

Signature of Registered Agent