L07000078851

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	





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T. HAMPTON

AUG - 4 2009

EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: 12630 Grandeza, ECC Name of 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 concerning this matter to the following:		
Ondie Orgun - Name of Person		
Firm/Company		
1855 Vesteran Park Drue, #302		
Maples PL 34109 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call: at 239 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 & 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. Name of the limited liability company: 12630	Grandeza, LCC
2. (a) Principal office address of limited liability company	1855 Veteran Paul Drug
(Note: MUST BE STREET ADDRESS)	#302 Napley, PC 34109
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
7/31/07	L07000078851
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:
Registered Agent:	Melissa Fields
Registered Office Address:	1885 Veteran Park Ome
	Waples, FL 34109
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:
NEW Registered Agent:	<u>Elena Luchsinger</u>
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1855 Veteran, Park Dome #302 Naples, FL 34109
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwork 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 as comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company Signature of Registered Agent	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative ote wise provided in the articles of or mize of the correction of

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