L08000049334

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Greystone Place, LLC	
(Name of I	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 thi	is matter to the following:
r lease return an correspondence concerning un	is matter to the following.
Kenneth Rouse	
(Name of Person)	
Attorney	
(Firm/Company)	
1435 E. Piedmont Drive (Address)	
(Address)	
Tallahassee, FL 32308	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
. C. Lucia, microanica conversing and money,	Product value
Charles L. Perkins, Managing Member a	at (850) 523-0100
(Name of Person)	(Area Code & Daytime Telephone Number)
,	•
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following	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. Name of the limited liability company: Greystone	Place, LLC
2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>)	y: 2350 Wanda Way Tallahassee, FL 32303
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2350 Wanda Way Tallahassee, FL 32303
May 19, 2008 3. Date of filing/registration in Florida	L08000049334
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	David N. Nerland
Registered Office Address:	2650 West Pensacola Street, Suite 9 Tallahassee, FL 32304
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	W Registered Office address.
<u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:	2350 Wanda Way
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee <u>+</u> ,FL_32303
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company (Signature of a member or authorized representative of a member)	et address of the registered office and the business
Charles L. Perkins, Managing Member (Printed or typed name of signee)	_
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the part familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	agree to act in this capacity. I further agree to roper and complete performance of my duties, and I n as registered agent as provided for in Chapter 608, change in the registered office address, I hereby ed in writing of this change.

*

(Signature of Registered Agent)