

LO8 000054134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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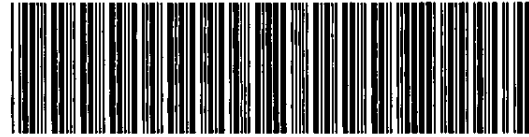
(Business Entity Name)

(Document Number)

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2013 JAN -4 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE
JAN -7 2013
EXAMINER

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: 4419 No. GRADY AVENUE, LLC

2. (a) Principal office address of limited liability company: 4419 N. GRADY AVE
TAMPA, FL 33614
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 4419 N. GRADY AVE
TAMPA, FL 33614
(Note: **MAY BE POST OFFICE BOX**)

2008
3. Date of filing/registration in Florida

L08000054734
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

CRAIG T. ROSS

Registered Office Address:

4419 N. GRADY AVE
TAMPA, FL 33614

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

LAUREN A. ROSS, MGRM

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

4419 No. GRADY AVE
TAMPA, FL 33614

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 office 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.

Craig T. Ross
Signature of a member or authorized representative of a member

CRAIG T. ROSS
Printed or typed name of signer

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.

Lauren A. Ross
Signature of Registered Agent

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

FILING FEE: \$25.00