

(Requestor's Name)		
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PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
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EXAMINER



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Grey Dog Investments L.L.C. Name of Limited Liability Company
range of Emitted Emonity 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:
ROBERT ROWAN Name of Person
Firm/Company
4143 US HWY 4415 #46 Address
OKFECHOBEE FL 34974 City/State and Zip Code
MALABAR BOB @ GMAIL - COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ROBERT ROWAY at (321) 506-0371
Name of Person 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:

\$55 Filing Fee & Certified Copy

\$25 Filing Fee

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:	Dog INVESTMENTS L.LC
2. (a) Principal office address of limited liability compan	y: 1409 Apple Valley Drive
(Note: MUST BE STREET ADDRESS)	Howard Ohio 43028
(b) Mailing address of limited liability company:	1409 Apple Valley Div
(Note: MAY BE POST OFFICE BOX)	Howard, Dhuo 43028
02-01-2010	L10000011602
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Richard Parker
Registered Office Address:	417 Magnolia Auc
	Melbourne Beach, Fl 329
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	ROBERT ROWAN
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4143 US HWY 4415 #46
	OKECHOBEE ,FL 34974
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signce I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my por Chapter 508, F. S. Or, if this document is being filed to me address, the ebyte on firm that the limited liability company	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization y.
Signature of Registered Agent	

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