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INHS18 (2/14)

то:	Registration Section Division of Corporations					
SUBJE	GRE PROPERTIES LEESBU	GRE PROPERTIES LEESBURG LLC				
		of Limi	ted Liab	bility Company	•	
Dear Si	ir or Madam:					
The en	closed Registered Agent/Registered Offic	e Chang	e and fe	ee(s) are submitted for filing.		
Please	return all correspondence concerning this	matter t	o the fo	llowing:		
Nikita	Basdeo					
	Name of Person			_		
Gano	t Capital LLL					
	Firm/Company			-	. :	
4601	Sheridan Street, Suite 600				· • • • • • • • • • • • • • • • • • • •	
	Address			- ジ い		
Hollyv	wood, FL 33021			 		
	City/State and Zip Code			- : :		
nikital	b@ganotcapital.com			•	; ;	
Е	-mail address: (to be used for future annua	al report	notifica	ation)		
For fur	ther information concerning this matter, p	lease ca	II:			
Nikita	Basdeo	at ()54	985-2400		
	Name of Person			Area Code & Daytime Telephone Number	er	
	TREET/COURIER ADDRESS: Ingistration Section Invision of Corporations Interpretation Section					
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 605.0114 or 605.0116, 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. 8	Name of the limited liability company: GRE PROPE	RTIES LEESBU	RG LLC		
2. (a)	4601 Sheridan Street, Suite 600	_(b) 4601 S	(b) 4601 Sheridan Street, Suite 600		
_ ,,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Hollywood, FL 33021	Hollywo	ood, FL 33021		
	02/26/2010	L100000	21907		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a	CT Corporation				
-/- (0	Registered Agent and Registered Office shown on the records of	the Florida Dept, of Sta	te:		
	Registered Office Address	ADDRESS)	_		
	1200 South Pine Island Blvd				
	Plantation .FL	33324	28 apr		
(b	Etan Mark				
	Enter name of NEW Registered Agent and/or NEW Registered	l Office address:			
	Mark Migdal & Hayden				
	NEW Registered Office Address:		Sil 🙎		
	80 SW 8th Street, Suite 1999		_		
	Miami . FI	33130	_		
the cl agent was/v	limited liability company is not organized under the lanange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the registered offic ability company, it of the limited liabili	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in		
	Harrey I dult	Harvey L. Li	· ·		
Sign	nature of a member or pathorized representative of a member		Printed or typed name of signee		
provi the oi to me	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to act in this cap performance of my d for in Chapter 60 hereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been		

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

Signature of Registered Agent