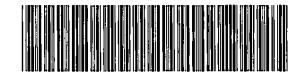
## 1100000022088

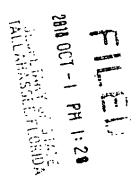
(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone #	)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates o	f Status		
Special Instructions to Filing Officer:				

Office Use Only



200318816162

10/01/18--01028--001 \*\*25.00



CO 108 118

## COVER LETTER

TO: Registration Section Division of Corporations					
GRE PROPERTIES N	IOUNT DORA LLC				
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registe	ed Office Change and fee(s) are submitted for filing.				
Please return all correspondence concer	ning this matter to the following:				
Nikita Basdeo					
Name of Person					
Ganot Capital LLC					
Firm/Company					
4601 Sheridan Street, Suite 600					
Address					
Hollywood, FL 33021	Code Code	<b>T</b> !			
City/State and Zip	Code	*******			
nikitab@ganotcapital.com	on the second	ŗ			
E-mail address: (to be used for fut	natter, please call:				
For further information concerning this	natter, please call:	•			
Nikita Basdeo	954 985-2400				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRE 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 fol	owing amount:				
<b>☑</b> \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				

INHS18 (2/14)

## 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. Na	ame of the limited liability company: GRE PROPE	ERTIES MOUN	IT DORA LLC	
2. (a)	4601 Sheridan Street, Suite 600	(b) 4601	(h) 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	Holly	wood, FL 33021	
	02/26/2010	L1000	00022088	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	CT Corporation			
	Registered Agent and Registered Office shown on the records of Registered Office Address (MUST BE FLORIDA STREET)  1200 South Pine Island Blvd	·	State:	
	Plantation	33324	- 211 OC	
(b)	Etan Mark  Enter name of NEW Registered Agent and/or NEW Registered  Mark Migdal & Hayden  NEW Registered Office Address:  80 SW 8th Street, Suite 1999	d Office address:	OT -1 PH 1: 28	
	Miami . FI	33130	<del></del>	
the cha agent v was/we the arti Signa I here provisi the obl to merc	imited liability company is not organized under the latinge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agains of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address. It is writing of this change.	f the registered of iability company, of the limited liable limited liability  Harvey L.  Tree to act in this is performance of the definite of the limited liability.	iffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company.  Lichtman  Printed or typed name of signee capacity. I further agree to comply with the my duties, and I am familiar with and accept 605. F.S. Or if this document is being filed.	
Signatu	re of Registered Agent			