## L10000022096

(Requestor's Name)					
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## COVER LETTER

TO:	Registration Section
	Division of Corporation

SUBJECT: GRE PROPERTIES ORLANDO	LLC			
	Limited Lia	bility Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Cl	hange and f	ee(s) are submitted for filing.		
Please return all correspondence concerning this man	tter to the fe	ollowing:		
Nikita Basdeo				
Name of Person		_		
Ganot Capital LLC				
Firm/Company		_		
4601 Sheridan Street, Suite 600				
Address		_		
Hollywood, FL 33021			2811 OCT - 1 PM 1: 2:	
City/State and Zip Code		_	T-I	
nikitab@ganotcapital.com			∰ <b>29</b>	
E-mail address: (to be used for future annual re	eport notific	cation)	- OF	
For further information concerning this matter, pleas	se call:		0.1	
Nikita Basdeo	954	985-2400		
Name of Person	( <del></del>	Area Code & Daytime Telephone N	lumber	
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 amo	ount:			
☑ \$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.

١.	Na	me of the limited liability company: GRE PROPE	RTIES	(	)RLAND(	) LLC
2.	(a)	4601 Sheridan Street, Suite 600	(b) 4601 Sheridan Street, Suite 600			eridan Street, Suite 600
_,	(*-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(	-,		lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Hollywood, FL 33021	_		Hollywoo	d, FL 33021
		02/26/2010	_		L1000002	22096
3.		Date of filing/registration in Florida	4.		ļ	Document number
5.	(a)	CT Corporation				
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			Dept. of State:	201 OCT
		1200 South Pine Island Blvd				
		Plantation	33324	4 —		55%
(1	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:  Mark Migdal & Hayden			ress:	PH 1: 28
		NEW Registered Office Address:				
		80 SW 8th Street, Suite 1999				
		Miami, FL_	33130	0		
the age was the S I he prothe to i	cha ent v s/we arti ignat erei obl obl nere	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the function of a member of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, The limited in this change.	the reginability confirmated  Ha	ist or nit lia	ered office npany, it is ted liability compability compey L. Lich	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.  htman  Printed or typed name of signee  write. I further garge to comply with the
Sig	natu	re of Registered Agent				

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