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COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations					
SUBJ	GRE PROPERTIES LAKE	WORT	TH LLC			
		ne of L	imited Li	ability Company		
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered Of	fice Cha	ange and	fee(s) are submitted for filing.		
Please	return all correspondence concerning the	nis matte	er to the	following:		
Nikita	a Basdeo					
	Name of Person	•				
Gand	ot Capital LLC					
	Firm/Company			_		
4601	Sheridan Street, Suite 600					
	Address			_		
Holly	wood, FL 33021					
	City/State and Zip Code			_	281 [A]	
nikita	ab@ganotcapital.com				2018 OCT	<u>−Ā</u> ,
I	E-mail address: (to be used for future an	nual rep	oort notifi	ication)		inner emare
For fu	rther information concerning this matter	, please	e call:		10. TO	ο ^{ωτο} .
Nikita	a Basdeo	at (954	985-2400		i.
	Name of Person	*** (-		Area Code & Daytime Telepl		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Reg Div P.C	AILING ADDRESS: gistration Section rision of Corporations D. Box 6327 lahassee, Florida 32314		
	Enclosed is a check for the following	g amou	nt:			
	☑ \$25 Filing Fee		□ \$5	5 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. Na	me of the limited liability company: GRE PROPE	RTIES	LAKE W	ORTH LLC			
2. (a)	4601 Sheridan Street, Suite 600	(b	(b) 4601 Sheridan Street, Suite 600				
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Mailing address of limited liability con (Note: MAY BE POST OFFICE B			
	Hollywood, FL 33021		Hollywo	ood, FL 33021			
	02/26/2010		L10000	022156			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	CT Corporation						
(,	Registered Agent and Registered Office shown on the records of	the Florida	i Dept, of Sta	ite;			
	Registered Office Address (MUST BE FLORIDA STREET 2	4DDRESS		_			
	1200 South Pine Island Blvd	11/1/11/11/1/	2				
	Plantation , FL	33324		- 21			
(b)	Etan Mark			2018 OCT			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	dress:				
	Mark Migdal & Hayden			(1) (1) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4			
	NEW Registered Office Address:				•		
	80 SW 8th Street, Suite 1999				•		
	Miami , FL	33130)	_			
the cha agent w was/we	mited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regis ability co of the lim	stered offic ompany, it lited liabili	ce and the business office of the is hereby confirmed that the chaity company or as otherwise prov	registered nge(s)		
	Tavey & Sull	Hai	vey L. Li	ichtman			
Signat	ure of a member or authorized representative of a member			Printed or typed name of signee			
provisie he obli o mere	by accept the appointment as registered agent and agrons 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, I find writing of this change.	perform	ance of my	r duties, and Lam familiar with a	nd accen		

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

Signature of Registered Agent