L1000002216q

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10/01/18--01028--010   **25.00

(Requestor's Name)

(Address)

(Address)

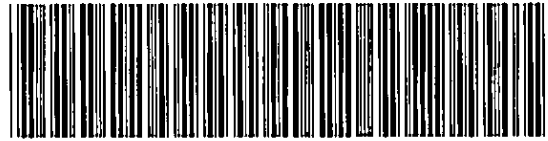(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

COVER LETTER

TO: Registration Section
     Division of Corporations

SUBJECT: <u>GRE PROPERTIES ORMOND BEACH LLC</u>
                            Name of Limited Liability 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:

Nikita Basdeo
_____
                    Name of Person

Ganot Capital LLC
_____
                    Firm/Company

4601 Sheridan Street, Suite 600
_____
                    Address

Hollywood, FL 33021
_____
                    City/State and Zip Code

nikitab@ganotcapital.com
_____
    E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nikita Basdeo _____ at (954) 985-2400
      Name of Person   Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS: **MAILING ADDRESS:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
Clifton Building   P.O. Box 6327
2661 Executive Center Circle   Tallahassee, Florida 32314
Tallahassee, Florida 32301

Enclosed is a check for the following amount:

☑ $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. Name of the limited liability company: **GRE PROPERTIES ORMOND BEACH LLC**

2. (a) **4601 Sheridan Street, Suite 600**

    Principal office address of limited liability company:
    (Note: MUST BE STREET ADDRESS)

    Hollywood, FL 33021

    (b) **4601 Sheridan Street, Suite 600**

    Mailing address of limited liability company:
    (Note: MAY BE POST OFFICE BOX)

    Hollywood, FL 33021

3. **02/26/2010**
    Date of filing/registration in Florida

4. **L10000022169**
    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)*
    1200 South Pine Island Blvd

    Plantation, FL **33324**

    (b) **Etan Mark**

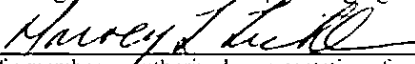   Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

    Mark Migdal & Hayden

    NEW Registered Office Address:
    80 SW 8th Street, Suite 1999

    Miami, FL **33130**

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

_____   **Harvey L. Lichtman**
Signature of a member or authorized representative of a member   Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

_____
Signature of Registered Agent

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

INHS18 (2/14)