L10000022206

(Requestor's Name)					
(Address)					
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y/State/Zip/Phone	e #)				
☐ WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
_ Certificates	s of Status				
Special Instructions to Filing Officer:					
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COVER LETTER

TO:	Registration Section Division of Corporations				
SURII	GRE PROPERTIES ST. CL	.OUD I	LC		
501,,,	Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Oft	ice Cha	nge and	fee(s) are submitted for filing.	
Please	return all correspondence concerning th	is matte	r to the f	following:	
Nikita	ı Basdeo				
	Name of Person	_			
Gano	t Capital LLL				
	Firm/Company				
4601	Sheridan Street, Suite 600				
	Address			_	
Holly	wood, FL 33021				
	City/State and Zip Code			_	
nikita	b@ganotcapital.com				
I	-mail address: (to be used for future ann	iual rep	ort notifi	cation)	
For fur	ther information concerning this matter.	please	call:		
Nikita	Basdeo	at (954	985-2400	
	Name of Person	(Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Reg Div P.O	AHJING ADDRESS: gistration Section ision of Corporations b. Box 6327 lahassee, Florida 32314	
	Enclosed is a check for the following	amour	ıt:		
	☑ \$25 Filing Fee		□ \$5	5 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. N	ame of the limited liability company: GRE PROPE	ERTIES ST. CLO	UD 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)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Hollywood, FL 33021	Hollywo	ood, FL 33021		
	02/26/2010	L100000	22206		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	CT Corporation				
()	Registered Agent and Registered Office shown on the records of	f the Florida Dept. of Sta	te:		
	Registered Office Address	(ADDRESS)	- 		
	1200 South Pine Island Blvd		E 8 m		
	Plantation . F	33324	17		
(b)	Etan Mark		FILED SLUMBLASSEE, FLORIC ALLIANAS SEE, FLORIC		
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:			
	Mark Migdal & Hayden				
	NEW Registered Office Address:		_		
	80 SW 8th Street, Suite 1999		_		
	Miami , FI	L 33130			
the cha agent was/w was/w the art Signa Signa I here provisi the obt	imited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I cre 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 agions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. It din writing of this change.	of the registered office iability company, it is of the limited liability containing a limited liability containing. Harvey L. Liebrer to act in this car.	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in an appany. Chtman Printed or typed name of signee		
0	re of Registered Agent				