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B. BOSTICK OCT - 4 2013 EXAMINER

COVER LETTER

Registration Section TO: **Division of Corporations** Stephen Graves Fromang Properties, LLC 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: Stephen Graves Fromang Name of Person Firm/Company 4851 Jorgensen Road Address Fort Pierce, FL 34981 City/State and Zip Code cegarris@verotaxlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Charles E. Garris Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: □ \$55 Filing Fee & Certified Copy \$25 Filing Fee

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: Stephen Graves F	romang Properties, LLC	
2. (a	a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	any: 4851 Jorgensen Road Fort Pierce, Florida 34981	
(l	o) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	4851 Jorgensen Road Fort Pierce, Florida 34981	
04/15/	2010	L10000040493	
3. D	ate of filing/registration in Florida	4. Document number	er
5. (a) Registered Agent and Registered Office shown	on the records of the Flo	orida Dept. of State:
	Registered Agent:	Stephen G Fromang	
Registered Office Address:	Registered Office Address:	7532 Nova Drive Davie, Florida 33317	7. 13
(t	b) Enter name of NEW Registered Agent and/or N	NEW Registered Office	> =
	<u>NEW</u> Registered Agent:		
	NEW Registered Office Address:	4851 Jorgensen Road	9: 5 :
(MUST BE FLORIDA STREET ADDRESS)		Fort Pierce	FL 34981
confi and t liabil the n the o	e limited liability company is not organized under the immed that after the change or changes are made, the he business office of the registered agent will be id lity company, it is hereby confirmed that the change nembers of the limited liability company or as other perating agreement of the limited liability company	e Florida street address entical. Or, in the case e(s) was/were authorized wise provided in the art	of the registered office of a Florida limited d by an affirmative vote of
Signat	ure of a member or authorized representative of a member		
	n G. Fromang Ad or typed name of signee		
I her comp and I Chap addr	reby accept the appointment as registered agent an oly with the provisions of all statutes relative to the lam familiar with and accept the obligations of my oter 608, F.S. Or, if this document is being filed to ess, I hereby confirm that the limited liability comp	d agree to act in this ca proper and complete pe position as registered a merely reflect a change any has been notified in	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office writing of this change.
Oigna	or registered rigein		

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