## U11000005827

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Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Graham Real Estate Advisors 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:				
Richard Graham  Name of Person				
Graham R.E. Advisors Firm/Company				
58 Manna Gardens Dr. Address				
Palm Beach Gardens Fl. 33410 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Rick Graham at (617) 755-3273  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  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:				
\$25 Filing Fee \$25 Filing Fee & Certified Copy				

INHS18 (2/14)



July 14, 2016

RICHARD GRAHAM 58 MARINA GARDENS DR PALM BEACH GARDENS, FL 33410

SUBJECT: GRAHAM REAL ESTATE ADVISORS LLC

Ref. Number: L11000005827

We have received your document for GRAHAM REAL ESTATE ADVISORS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 916A00014714

## 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.

N ame of the limited liability compan	y: Graham	Real Estate	Advisors
2. (a) 58 Marina (	roadens Dra	Same	•
Principal office address of limited	l liability company:	Mailing address of limited	· ·
Palm Blach 6		(Note: MAY BE POST	OFFICE BOX
rain Baci o	Kraurs, FI		
	<u> 334/0                                     </u>		
-1.11911	•	L1100000582	7
7/6/2016		6010383	<i>‡1</i>
3. Date of filing/registration	£	ument number	
5. (a) Registered Agent and Registered Office s	rahau	ant of States	
Registered Agent and Registered Office s	nown on the records of the Florida De	ept. of State:	
Registered Office Address (MUST B)	E FLORIDA STREET ADDRESS)	<u> </u>	
North Palm	Beach		
7-01/1/1/10001	_	33410	
	, FL		<b>5</b>
(b)			0C1
Enter name of NEW Registered Agent a	nd/or NEW Registered Office addre	<u>ess</u> :	ن الله الله الله الله الله الله الله الل
58 Marina	Gardens D		
NEW Registered Office Address:	ourach's D	<u>)(</u>	<b>\$</b>
<u></u> <b>g</b>			<b>37</b>
Palm Beach	budekfi ?	33410	
If the limited liability company is not org the change or changes are made, the Flori	anized under the laws of the St	tate of Florida, it is hereby cor	ifirmed that after
agent will be identical. Or, in the case of	a Florida limited liability com	pany, it is hereby confirmed the	hat the change(s)
was/were authorized by an affirmative vo the articles of organization or the operation	ite of the members of the limited lia	ed hability company or as other bility company.	erwise provided in
Kichal & Ale		Printed or typed name o	MAM
Signature of a member or authorized representati			
I hereby accept the appointment as regis provisions of all statutes relative to the p	tered agent and agree to act in roper and complete performan ted agent as provided for in Ch	n this capacity. I further agree ace of my duties, and I am fami capter 605. F.S. Or, if this doc	e to comply with the iliar with and accept sument is being filed
provisions of all statutes relative to the p the obligations of my position as register to merely reflect a change in the register notified in writing of this change.	ed office address, I hereby con	firm that the limited liability c	company has been
Kieha I Tu			
Signature of Registered Agent			

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