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Office Use Only



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T. HAMPTON

COVER LETTER

Division of Corporations	
SUBJECT:	Graingeco, LLC
Name	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Register	ed Office Change and fee(s) are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
Kimberly A. Grainge	er
Name of Person	
Graingeco, LLC Firm/Company	
12399 Belcher Rd S. Suit	te 110
Audiess	
Largo, FL 33773 City/State and Zip Code	
KGrainger@Graingeco. E-mail address: (to be used for future annual re	com port notification)
For further information concerning this i	natter, please call:
Jeremiah Richards	at (727) 216-6176
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 32301	Tallahassee, Florida 32314
Enclosed is a check for the follo	owing amount:
\$25 Filing Fee	\$55 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 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. Name of the limited liability company:	Graingeco, LLC
2. (a) Principal office address of limited liability compa	iny:
(Note: MUST BE STREET ADDRESS)	12399 Belcher Rd S. Suite 110 Largo, FL 33773
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	12399 Belcher Rd S. Suite 110 Largo, FL 33773
29 Mar 2012	L11000007800
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept, of State:
Registered Agent:	Kimberly A. Grainger
Registered Office Address:	21985 US Hwy 19 N
	Clearwater, FL 33765
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW Registered Agent</u> :	Kimberly A. Grainger
<u>NEW</u> Registered Office Address; (MUST BE FLORIDA STREET ADDRESS)	12399 Belcher Rd S. Suite 110
	Largo,FL_33773
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as off or the operating agreement of the limited liability company or the operating agreement of the limited liability company. Signature of a member or authorized observative of a member Kimberly A. Grainger Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my chapter 108, F.S. Or, if his document is being filed to address, I hereby confirm that the limited liability company.	2 AM 10: 51

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

INHS18 (05/08)