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K. SALY EXAMINER JUN 22 2011

COVER LETTER

Division of Corporations Grobot LLC SUBJECT: _ 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: Lou Divers Name of Person Grobot LLC Firm/Company 133 Tampa Ave Address Indialantic FL 32903 City/State and Zip Code lou.divers@gmail.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lou Divers Area Code & Daytime Telephone Number Name of Person 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

TO:

Registration Section

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.	Nai	ne of the limited liability company:	Grobot LLC	_
2.	(a)	Principal office address of limited liability company	133 Tampa Ave	
		(Note: MUST BE STREET ADDRESS)	Indialantic FL 32903	<u>-</u>
	(b)	Mailing address of limited liability company:	133 Tampa Ave	<
		(Note: MAY BE POST OFFICE BOX)	Indialantic FL 32903	<u>-</u>
3 .	Dat	3/15/2011 e of filing/registration in Florida	L11000031705 4. Document number	- -
5.		Registered Agent and Registered Office shown on t	77	
		Registered Agent:	United States Corporation Agents, INC	_
		Registered Office Address:	13302 Winding Oak Court Suite A Tampa FL 33612	- -
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW</u> Registered Agent: <u>NEW Registered Office Address:</u> (MUST BE FLORIDA STREET ADDRESS)		Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: Lou Divers		
			133 Tampa Ave	<u>-</u>
		·	Indialantic ,FL 32903	_
and lia of or	nfired the bility the the	imited liability company is not organized under the laned that after the change or changes are made, the Flee business office of the registered agent will be identify company, it is hereby confirmed that the change(s) members of the limited liability company or as otherwoperating agreement of the limited liability company.	orida street address of the registered office	
Pri	nted o	Lou Divers		
I l cor an Cli ad	nere mply d I d apto dres	by accept the appointment as registered agent and as with the provisions of all statutes relative to the prount familiar with and accept the obligations of my poser 508, F.S. Or, if this document is being filed to mer syll hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.)

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