## 111000056237

| (Re                     | questor's Name)      |        |
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| (Cit                    | y/State/Zip/Phone #) | )      |
| PICK-UP                 | ☐ WAIT               | MAIL   |
| (Bu                     | siness Entity Name)  |        |
| (Do                     | ocument Number)      |        |
| Certified Copies        | _ Certificates of    | Status |
| Special Instructions to | Filing Officer:      |        |
|                         |                      |        |
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SECRETARIST OF STATE

O RRUCE AUG 25 2018



August 6, 2018

dALE TRAFICANTE PO BOX 1688 ORMOND BEACH, FL 32175

SUBJECT: GRANADA PLACE, LLC

Ref. Number: L11000056237

We have received your document for GRANADA PLACE, 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):

Please indicate your changes on the form.

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.

Deborah Bruce Corporate Records Supervisor Letter Number: 718A00016144

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## **COVER LETTER**

| <b>TO:</b> Registration Section Division of Corporations  |                | •                | ĸ   |                   |                                      |               |
|---|----------------|------------------|---|-------------------|--------------------------------------|---------------|
| SUBJECT:G/  | anada          | Place            | . 1.00  |                   |                                      |               |
| SUBJECT.  | Nam            | ne of Limited L  | iability Compa  | ny                | 4-57                                 |               |
| Dear Sir or Madam:  |                |                  |   |                   |                                      |               |
|   |                | ( 'l             | L.C C. Yangan subse   | witted for filing |                                      |               |
| The enclosed Registered Agent/R   |                |                  |   | muca roi ramg.    |                                      |               |
| Please return all correspondence of   | concerning thi | is matter to the | following:  |                   |                                      |               |
| $O$ to $T_{C}$  | fin to         |                  |   |                   |                                      |               |
| Dale Tra  | Person         | <del></del>      |   |                   |                                      |               |
|   |                |                  |   |                   |                                      |               |
| <u>Cranada</u><br>Firm/Coi  | Place          | LLC              | ·<br>   |                   |                                      |               |
| Firm/Cor  | npany          |                  |   |                   |                                      |               |
| PO BUX  | 1688           |                  |   |                   | 2016 AUG 20<br>SEURETAR<br>TALLAHASS | - <b>-</b> 74 |
| Addres  | s              |                  |   |                   | AHA<br>AHA                           | #25mm         |
| Ormond Beach<br>City/State an   | , FC           | 32175            |   |                   | 20 PE                                |               |
| City/State an   | d Zip Code     |                  |   |                   | Y JE STATE<br>SEE-FLORIDA            | (             |
| Sasevis<br>E-mail address: (to be used  | ny & hot       | ma. 1. com       |   |                   | 85 <b>-</b>                          | )             |
| E-mail address: (to be used   | for future ann | ual report noti  | fication)   |                   |                                      |               |
| For further information concerning  | g this matter, | please call:     |   |                   |                                      |               |
| Mike Milli<br>Name of Person  | S              | at ( <u>386</u>  |   | 1-4237            | 7                                    |               |
| Name of Person  |                |                  | Area Code &   | k Daytime Telep   | phone Number                         |               |
| STREET/COURIER AI<br>Registration Section<br>Division of Corporations<br>Clifton Building<br>2661 Executive Center C<br>Tallahassee, Florida 3230 | irele          | Ro<br>D<br>P.    | egistration Sect<br>ivision of Corpo<br>O. Box 6327<br>allahassee, Flor | ion<br>orations   |                                      |               |
| Enclosed is a check for   | the following  | amount:          |   |                   |                                      |               |
| 🙇 \$25 Filing Fee   |                | <u> </u>         | 55 Filing Fee 8   | & Certified Copy  | y                                    |               |

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OF CE 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.

| TIOTICA.   |
|--|
| 1. Name of the limited liability company: Grandle Place 220  |
| 2. (a) Granada Place LLC (b) Granade Place LLC   |
| Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)   |
| 362 W Granda Blvd Po Box 1688  |
| Ormand Brach, FL 32174 Ormand Beach, FL 32175  |
| 5/11/2011 11000056237  |
| 3. Date of filing/registration in Florida 4. Document number   |
| 5. (a) Stephen Sevising  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  |
|  |
| 1335 Ook Forst D-  |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS)   |
|  |
| Ormand Beach PL 32174  |
| Ormand Beach FL 32174  DALE ROBERT TRAFFIANTE  Enter name of NEW Registered Agent and/or NEW Registered Office address:  |
| Enter game of NEW Registered Agent and/or NEW Registered Office address:   |
| Solve to the state of the state |
| NEW Bulleton of Office Address   |
| NEW Registered Office Address:   |
|  |
|  |
| , FL   |
| If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after  |
| the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)   |
| was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.   |
| Signature of a member or authorized representative of a member Printed or typed name of signee   |
| Signature of a member or authorized representative of a member Printed or typed name of signee   |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.   |
| Signature of Registered Agent  |