110000070147

(Requestor's Name)						
(Address)						
(Address)						
(Cit	y/State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificate:	s of Status				
Special Instructions to Filing Officer:						





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SLORGIAN FIRE STATE

COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Divi	sion of Corporations					
SUBJECT:	GRE PROPERTIES SHERIDAN HILLS LLC					
OODULOT.	Name of Limited Liability Company					
Dear Sir or N	Aadam:					
The enclosed	Registered Agent/Registered Office	Change and fe	e(s) are submitted for filing.			
Please return	all correspondence concerning this n	natter to the fo	llowing:			
Nikita Bas	deo					
	Name of Person		•			
Ganot Cap	pital LLC					
	Firm/Company		•			
4601 Sher	ridan Street, Suite 600					
	Address		•			
Hollywood	, FL 33021					
	City/State and Zip Code		•			
	anotcapital.com					
E-mail	address: (to be used for future annual	report notifica	ation)			
For further in	nformation concerning this matter, ple	ease call:				
Nikita Bas	deo	954 at (985-2400			
	Name of Person		Area Code & Daytime Telephone Number			
Regi Divi Clift 2661	stration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301	Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314			
Enclosed is a check for the following amount:						
2 1 \$1	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 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.

1. Na	ame of the limited liability company: GRE PROPE	ERTIES	SHE	ERIDA	AN HILLS LLO	0	
2. (a)	4601 Sheridan Street, Suite 600		b) 46	01 St	neridan Stree	ridan Street, Suite 600	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(· ,	١		limited liability company: POST OFFICE BON	
	Hollywood, FL 33021	_ _	Hollywood, FL 33021				
	06/15/2011	_	 _L1′	10000	70147		
3.	Date of filing/registration in Florida	4.			Document num	nber	
5. (a)	CT Corporation						
()	Registered Agent and Registered Office shown on the records of	f the Floric	l a Dept	. of State	- e:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>(S)</u>		-		
	1200 South Pine Island Blvd				_	75 18	
	Plantation, FI	3332	4	,	_	ES 8 T	
(b)	Etan Mark					- E	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office as	<u>ddress</u> :		-	- E - E - E	
	Mark Migdal & Hayden					FILED MI:10	
	NEW Registered Office Address:				-	₹.	
	80 SW 8th Street, Suite 1999				-		
	Miami	_{L_} 3313	0				
the cha agent v was/we	imited hiability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited here authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the regiability of the line limited	istered compa nited liabil	d office ny, it is liability ity con	e and the busine is hereby confirm y company or as apany.	ss office of the registered ned that the change(s)	
Signal	ture of a member or authorized representative of a member	<u> —</u>	irvey	L. LIC	htman Printed or typed n	rame of sionee	
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I i in writing of this change.	ree to ac e perforn ed for in hereby c	et in th nance Chapt confiri	iis cape of my c ter 605 m that e	acity I further .	agree to comply with the	