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## **COVER LETTER**

Registration Section

TO:

INHS18 (2/14)

**Division of Corporations** CHANGE OF REGISTERED OFFICE ADDRESS 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: **OSWALDO J. GRATEROL** Name of Person GRAPECA, LLC. Firm/Company 1630 ZENITH WAY Address WESTON/FLORIDA/33326 City/State and Zip Code GRAPECA.LLC@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: OSWALDO J. GRATEROL 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 Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee

## 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. N	ame of the limited liability company: GRAPECA, LI	LC.		
2. (a)	1630 Zenith Way, Weston, Florida. 33327		(b) _	
( <del>-</del> )	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<del>-</del>		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
3.	07/06/2011  Date of filing/registration in Florida  GRATEROL, Oswaldo J.	- - 4.	L1	_11000077702  Document number
5. (a)	Registered Agent and Registered Office shown on the records of the	h - Flori	4. D.	Day of Santa
(b)	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  1630 Zenith Way, Weston, Florida. 33327			
	NEW Registered Office Address:			—————————————————————————————————————
	3650 NW. 82nd. Av. STE. 404			
	Miami , FL	3316	6	<b></b>
the ch agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reability of the 1	giste: com imite	tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
Sign	ature of a member of authorized representative of a member			OSWALYO J. GRATEROL Printed or typed name of signee
I here provis the ob to men notifie	eby accept the appointment as registered agent and agricultions of all statutes relative to the proper and complete ligations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change.	pertor	man	in this capacity. I further agree to comply with the ince of my duties, and I am familiar with and accept