

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nar	ne)				
(50	Siness Littly Ival	ne)				
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

Office Use Only

000290615200

09/27/16--01013--015 \*\*25.00

SEP 2 7 2016 S. YOUNG



16 SEP 26 PM 5: 1"

SECRETARY OF STATE TRELAHASSEE, FLORIUM

## COVER LETTER

Division of Corporations				
Grouper Development, LLC SUBJECT:				
	Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.			
Please return all correspondence concerning this mat	eter to the following:			
Scott Silver				
Name of Person				
Firm/Company				
2980 McFarlane Rd, Suite 12	<b></b>			
Address				
Miami, FL 33133				
City/State and Zip Code	<del></del>			
E-mail address: (to be used for future annual re	port notification)			
For further information concerning this matter, pleas	e call:			
Scott Silver	305 788-6164			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
■ \$25 Filing Fee	\$55 Filing Fee & Certified Copy			
INHS18 (2/14)				

## 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.	Name of the limited liability company: Grouper Dev	/elopm	ent, LLC		
2. (a			(b)		
2. (u	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<del></del>		Mailing address of limited liabili (Note: MAY BE POST OFF)	
	2980 McFarlane Rd, Suite 12		2980 Mc	Farlane Rd, Suite 12	
	Miami, FL 33133		Miami, F	L 33133	
	10/13/11		L1100011	7546	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a	Scott Silver				
J. (c	Registered Agent and Registered Office shown on the records o	f the Flor	ida Dept. of State	::	
					<b>5</b>
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	SS)	•	路至
	18001 Old Cutler Rd, Suite 600				NG SEP 26
	Miami	<sub>L</sub> 3315	7	•	-n m
	, r	L			¥ 5: 17
(b	Ashley Sodeman				- 2
	Enter name of NEW Registered Agent and/or NEW Registere	d Office	address:		
	NEW Registered Office Address:			-	
	2980 McFarlane Rd, Suite 12				
				•	
	Miami , F	<sub>L</sub> 3313	3	_	
lf tha	limited liability company is not organized under the la	ove of th	as State of Ele	rida it is haraby confirme	ed that after
the cl	nange or changes are made, the Florida street address of	of the re	gistered office	and the business office o	f the registered
agent was/v	will be identical. Or, in the case of a Florida limited learn authorized by an affirmative vote of the members	iability of the li	company, it is imited liabilit	s hereby confirmed that the v company or as otherwise	e change(s) provided in
	ticles of organization or the operating agreement of th	e limite	d liability con		•
		<u>S</u>	cott Silver		
Ü	nature of a member or authorized representative of a member			Printed or typed name of signe	
I her provi the oi to me notifi	eby accept the appointment as registered agent and as sions of all statutes relative to the proper and complet bligations of my position as registered agent as provid rely reflect a change in the registered office address, led in writing of this change.	gree to a e perfor ed for in hereby	nct in this cape mance of my of Chapter 605 confirm that	acity. I further agree to co duties, and I am familiar w , F.S. Or, if this documen the limited liability compa	omply with the vith and accept is being filed ny has been
Signa	ture of Registered Agent				