L11000118140

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NOV 8 2012

COVER LETTER

Division of Corporations		
SUBJECT: GREYSTONE RE	ALTY ADVISORS, LLC d Liability Company	
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:		
rease retain an correspondence concerning and matter to the renowing.		
R. JAY CUNID, JR Name of Person		
Name of Person		
GREYSTONIE REBLTY ADVISORS, LLC		
Firm/Company		
1170 (11100) 1000		
1179 LINWOOD LOOP		
,	•	
JACKSONVICLE, FL 32.259 City/State and Zip Code		
City/State and Zip Code		
<u>.</u> !		
RJCUN' (6 YAHOO, COM F-mail address: (to b		
E-mail address: (to be defor future annual report notification)		
For further information concerning this matter, please call:		
To further information concerning this matter, please can.		
R JAy CUNIO, In at (·	
Name of Person	Area Code & Daytime Telephone Number	
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	

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. Name of the limited liability company: 470545	FONE REALTY ADVISORS, LLC
 (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS) 	any: 1179 LINILLOOD LOOP
(NORT MODIFIED STREET NOONLOS)	JACKSONVILLE, FL 32259
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P.O. BOX 600291
(India Mar Da Toba Of Thom Dorn)	JACKSONVILLE, FL 32260
3. Date of filing/registration in Florida	L11000118140. 4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:
Registered Agent:	ROBERT J. CUNID. JR.
Registered Office Address:	1015 LONKSPUR LOOP JACKSONVINE FL 32259
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW</u> Registered Agent:	EW Registered Office address: R. JAY CUNID JR.
NEW Registered Office Address:	1179 LINWOOD LOOP
(MUST BE FLORIDA STREET ADDRESS)	JACKSONVILLE FL 32259
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member of authorized representative of a member	e Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote of wise provided in the articles of organization or
Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.
Signature of Registered Agent Division of Corporations P.O. Roy	6327 Tallahassaa Fi 32314

FILING FEE: \$25.00