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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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COVER LETTER

то:	Registration Section Division of Corporations		
CI ID I	GRASSHOPPER LAKE PRO	PERTY LLO	
SUBJ		of Limited Li	ability Company
Dear	Sir or Madam:		
The e	nclosed Registered Agent/Registered Offic	e Change and	fee(s) are submitted for filing.
Please	e return all correspondence concerning this	matter to the	following:
Don	na Bertucci		
	, Name of Person		
Corp	porate Direct, Inc		
	Firm/Company		
224	3 Meridian Blvd. Suite H		
	Address		
Mino	den, NV 89423	•	15. Charles Argonian
	City/State and Zip Code	<u> </u>	_
info	, , ,		
	@corporatedirect.com E-mail address: (to be used for future annu	ial report notif	ication)
	•		iouron,
For f	urther information concerning this matter,	please call:	
Don	na Bertucci	775 at (782-2201
	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	
· · · ;	Frederica shock for the following amount:		
	☑ \$25 Filing Fee		55 Filing Fee & Certified Copy
INHS	S18 (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. N	ame of the limited liability company: GRASSHOP	PER LAKE PE	ROPERTY LLC
2. (a)			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	60 E. SIMPSON AVE, Box 2869	60 E	. SIMPSON AVE, Box 2869
	JACKSON, WY 83001	JACI	KSON, WY 83001
	09/28/2012	L1200	00124015
3.	Date of filing/registration in Florida	4.	Document number
5 (a)			
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of	f State:
	DETWEILER, GERRI		9 2.
	Registered Office Address (MUST BE FLORIDA STREET 1037 GREYSTONE LANE	ADDRESS)	16 DEL
	SARASOTA, FI	34232	SSEE CIN
			7 7
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	FLORIDA
	REGISTERED AGENTS INC.		
	NEW Registered Office Address:		
	3030 N. Rocky Point Drive, STE 150A		
	Tampa F	L 33607	
the chagent was/v the ar	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited levere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the nature of a member or authorized representative of a member seby accept the appointment as registered agent and ages sions of all statutes relative to the proper and complete bligations of my position as registered agent as provided in vertically of this change. Bill Hayre/Assistant Sections	of the registered of iability company of the limited liability e limited liability gree to act in this e performance of led for in Chapte I hereby confirm	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company. Printed or typed name of signee s. canaciny. I further garee to comply with the