# L13000053895

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#### **COVER LETTER**

TO: Registration Section

**Division of Corporations** 

# SUBJECT: Grail Management Group, LLC

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:

## Kevin Grail

Name of Person

## Grail Management Group, LLC

Firm/Company

## 92 Jana Drive

Address

# Ponce Inlet, FL 32127

City/State and Zip Code

### kgrail@grailmanagementgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

## Kevin Grail

<sub>41</sub>855 \ 888-4564

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

# 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: Grail Manage	gement Group, LLC			
2. (a) Principal office address of limited liability compa	ansv: 92 Jana Drive			
( <u>Note: MUST BE STREET ADDRESS</u> )	Ponce Inlet, FL 32127	77 × 200	<u> </u>	_
		,	<del>- 63</del>	_
(L) Marting address of Position 1 Part 1994	02 Jane Drive		130	TI
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	92 Jana Drive Ponce Inlet, FL 32127	1.75	<del>-                                    </del>	
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		ري لنڌ	22	U
04/09/2013	L13000053895	<u>`</u> i		
3. Date of filing/registration in Florida	4. Document number	SA	22	_
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida De	pt. of Stat	e:	
Registered Agent:	Kevin S. Grail			
Registered Office Address:	784 South Pennsylvania Ave.			
	784 South Pennsylvania Ave. Winter Park, FL 32789			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW</u> Registered Agent:	EW Registered Office addres  Kevin S. Grail	<u>s</u> :		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	92 Jana Drive			
	Ponce Inlet, FL 32127			
		,FL		_
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 others the operating agreement of the limited liability company.	Florida street address of the re- entical. Or, in the case of a Flor (s) was/were authorized by an a wise provided in the articles of	gistered of	ffice d	of
Signature of a member or authorized representative of a member				
Kevin S. Grail 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 pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to had been address. I hereby confirm that the limited liability compand	l agree to act in this capacity. proper and complete performar position as registered agent as merely reflect a change in the re any has been notified in writing	l further a ice of my provided egistered of this ch	gree ( duties for in office ange.	!o

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent