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FILED 19 APR -8 PH 3:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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T SCHROEDER

## COVER LETTER

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# TO: Registration Section Division of Corporations

SUBJECT: GRFLA Holdings, 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:

# R, Scott Callen

	+		
	Name of Person		-
The Kullman Firm			
	Firm/Company		-
2915 Kerry Forest F	] ?arkway, Suite 101		
	Address		-
Tallahassee, FL 323	309		
Cit	y/State and Zip Code		-
jim@growingroomfla	a.com		
E-mail address: (to	be used for future annua	al report notific:	ation)
For further information	concerning this matter, p	lease call:	
Scott Callen	1	850 at (	296-1953
Name o	fPerson		Area Code & Daytime Telephone Number
STREET/COU	RIER ADDRESS:	MAI	LING ADDRESS:
Registration Sec	tion	Regi	stration Section
Division of Cor	porations	-	ion of Corporations
Clifton Building	3	P.O.	Box 6327
2661 Executive	Center Circle	Talla	hassee, Florida 32314
Tallahassee, Flo	orida 32301		
Enclosed is a cl	heck for the following a	mount:	
☑ \$25 Filing Fe	e	<b>Q</b> \$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. N	ame of the limited	l liability company:GRFLA Holdir	igs, LL	.C		
2. (a)	ا GRFLA Holdir	ngs, LLC	()	(b) GRFLA Holdings, LLC		
	Principal of	fice address of limited liability company: MUST BE STREET ADDRESS)			Mailing address of limited liability company: ( <u>Note: MAY BE POST OFFICE BOX</u> )	
	13720 Old S	t. Augustine Road, Suite 103		13720 O	old St. Augustine Road, Suite 193	
	Jacksonville	FL 32258		Jackson	ville, FL 32258	
	10/10/13			L1300014	43182	
3.	Date of	filing/registration in Florida	4.		Document number	
5. (a	) Liles Gavin, e	et al.				
		d Registered Office shown on the records of th	ne Florid	a Dept. of State	- c:	
1701 Hermitage Blvd.						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				19	
	Suite 100				APR T	
	Tallahassee	, FL	32308		ASSERT	
(b)	R. Scott Calle	n				
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :						
	The Kullman	Firm			FLORIDA	
	<u>NEW</u> Registered O	ffice Address:			-	
	2915 Kerry F	orest Parkway, Suite 101				
	Tallahassee	, FL	32309		_	
the ch agent was/y	nange or changes an will be identical. vere authorized by	e made, the Florida street address of t Or, in the case of a Florida limited lial	the regi bility co the lim imited l	stered office ompany, it is nited liability	• •	
Sign	ature of a member or a	thorized representative of a member			Printed or typed name of signee	
provis the ob to men notifie	sions of all statutes oligations of my po- rely reflect a chang ed in writing of this	Velative to the proper and complete p sition as registered agent as provided ze in the registered office address, I h s change.	perform for in (	ance of my a Chapter 605	acity. I further agree to comply with the duties, and I am Jamiliar with and accept , F.S. Or, if this document is being filed the limited liability company has been	
Signat	ure of Registered Ager		ov 6225	7 <b>a</b> Tallak		
		Division of Corporations P.O. B	OX 0327	💌 i ananas	See, FL 32314	

FILING FEE: \$25.00