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

Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | | |
|--|---|-------------------|---|--------------------------------------|--|--|--|
| SUBJI | ECT: GPEM, LLC | | | | | | |
| | Nan | ne of Li | mited Li | ability Company | | | |
| Dear S | ir or Madam: | | | | | | |
| The en | nclosed Registered Agent/Registered Off | ice Cha | nge and | fee(s) are submitted for filing. | | | |
| Please | return all correspondence concerning th | is matte | er to the | following: | | | |
| Donn | a Colavito | | | | | | |
| | Name of Person | | | _ | | | |
| Grani | ite Associates, Inc. | | | | | | |
| | Firm/Company | | | _ | | | |
| 225 E | Banyan Boulevard, Suite 130 | | | | | | |
| | Address | | | _ | | | |
| Naple | es, FL 34102 | | | | | | |
| | City/State and Zip Code | | | _ | | | |
| dcola | vito@granitelp.com | | | | | | |
| E | E-mail address: (to be used for future ann | ual rep | ort notifi | cation) | | | |
| For fur | rther information concerning this matter, | , please | call: | | | | |
| Louis | J. Boyd | at (| 239 | 228-6505 | | | |
| | 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 | | Reg Div P.C | 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 | | □ \$5 | 5 Filing Fee & Certified Copy | | | |
| INHS18 | 8 (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. | Na | me of the limited liability company: GPEM, LLC | | | | | |
|---------------------------|-------------------------------|---|---|--------------------------------------|---|---------------------------------|---|
| 2. | (a) | 225 Banyan Boulevard | a | _{b)} 22 | 5 Bar | nyar | n Boulevard |
| | (4) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (' | ·) | 1 | | ng address of limited liability company: ote: MAY BE POST OFFICE BOX) |
| | | Suite 130 | | Su | ite 13 | 0 | |
| | | Naples, FL 34102 | _ | Na | ples, | FL | 34102 |
| | | November 14, 2013 | | L13 | 00018 | 5993 | 35 |
| 3. | | Date of filing/registration in Florida | 4. | | | Doc | cument number |
| 5 | (a) | United Corporate Services, Inc. | | | | | |
| | (4) | Registered Agent and Registered Office shown on the records of the | e Florid | a Dept | . of State | - e: | |
| | | 9200 South Dadeland Blvd. | | | | - | |
| | | Registered Office Address (MUST BE FLORIDA STREET AL Suite 508 | DDRES: | <u>s)</u> | | | AC (III |
| | | Miami, FL_ | 33156 | 3 | | _ | TIL MAY 14 |
| | (b) | Granite Associates, Inc. | | | | | 1 *1 *** |
| | ` ′ | Enter name of NEW Registered Agent and/or NEW Registered C | office ad | ldress: | | - | E E |
| | | 225 Banyan Boulevard | | | | | CORDE S |
| | | NEW Registered Office Address: | | | | | ,, ,, |
| | | Suite 130 | | | | _ | |
| | | Naples , FL | 34102 | | | _ | |
| the age was | cha ent w s/we | mited liability company is not organized under the laws nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited liab tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li | he regi pility co the lin imited | stered ompa nited liabil | d office ny, it is liability ity com | e and s her y cor npan | the business office of the registered reby confirmed that the change(s) mpany or as otherwise provided in |
| / | /i | us Buff | Lo | uis J | . Boyo | | stad on turned women of signing |
| I h pro the to r | erel ovisi obli nere | ure of a member or duthorized representative of a member by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change. | e to ac perform for in e ereby c | t in th iance Chapi confiri | nis cape of my e ter 605 m that | acitv | nted or typed name of signee in I further agree to comply with the es, and I am familiar with and accept S. Or, if this document is being filed limited liability company has been |
| Sig | natu | re of Registered Agent | | | | | |
| | | Division of Corporations P.O. Bell INC FE | | | allahas | ssee, | FL 32314 |