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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	of Status	
Special Instructions to Filing Officer:			





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D. SCOTT SEP 2 8 2015

COVER LETTER

Division of Corporations		
SUBJECT: Grouper FEC, LLC		
Name of Lin	mited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
Scott Silver		
Name of Person	_ 	
Firm/Company		
2980 McFarlane Rd, Suite 12		
Address	TAL SEC	
Miami, FL 33133	SE THE	
City/State and Zip Code	EP 26 PI	
	سنت برن شده است سند	
E-mail address: (to be used for future annual repo	ort notification)	
For further information concerning this matter, please	call:	
Scott Silver	05 788-6164	
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 amoun	t:	
■ \$25 Filing Fee	□ \$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.

ame of the limited liability company: Grouper FEC,	, LLC	
	(b)	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ()	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
2980 McFarlane Rd, Suite 12	298	0 McFarlane Rd, Suite 12
Miami, FL 33133	Mia	mi, FL 33133
3/31/14	L140	00052583
Date of filing/registration in Florida	4.	Document number
Scott Silver		
	the Florida Dept. o	of State:
Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)	
Miami	33157	
	Office address:	P 26 PM
NEW Registered Office Address:		ب يَيَ
2980 McFarlane Rd, Suite 12		29 29 20 7
Miami	33133	
	the registered	office and the business office of the registered
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 2980 McFarlane Rd, Suite 12 Miami, FL 33133 3/31/14 Date of filing/registration in Florida Scott Silver Registered Agent and Registered Office shown on the records of the Registered Office Address 18001 Old Cutler Rd, Suite 600 Miami Miami Enter name of NEW Registered Agent and/or NEW Registered NEW Registered Office Address: 2980 McFarlane Rd, Suite 12 Miami FL Miami	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 2980 McFarlane Rd, Suite 12 Miami, FL 33133 Mia 3/31/14 L140 Date of filing/registration in Florida 4. Scott Silver Registered Agent and Registered Office shown on the records of the Florida Dept. Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 18001 Old Cutler Rd, Suite 600 Miami , FL 33157 Ashley Sodeman Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: 2980 McFarlane Rd, Suite 12 Miami , FL 33133 imited liability company is not organized under the laws of the State ange or changes are made, the Florida street address of the registered