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U. Smith

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	GRAND PANTHER, LLC				
SOBJE		Name of Limited I	Liability Company	-	
Dear Si	ir or Madam:				
The en	closed Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.		
Please	return all correspondence concerning	g this matter to the	following:		
BRYN	NE DUNN				
	Name of Person				
GRANI	D PANTHER. LLC				
	Firm/Company				.:
601 HE	RITAGE DRIVE STE 139			20 AUG	- }- 2 - <u>2</u> 34,
-	Address			ic 21	
JUPITE	ER, FL 33458			7	20.29 10.29 10.29
	City/State and Zip Cod	le		AH 11: 03	SIA ORAI
ACCO	JNTING@CASIANAFITNESS.COM			ప	9K.
E	-mail address: (to be used for future	annual report noti	fication)		
For fur	ther information concerning this mat	tter, please call;			
BRYN	NE DUNN	561 at (600-5735		
	Name of Person		Area Code & Daytime Telephone Numb	er	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the follow	ing amount:			
	S25 Filing Fee		SSS Filing Fee & Certified Conv		

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.

2. (a)			(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)
	2240 SE WITHAM FIELD STE 110		2240 SE	WITHAM FIELD STE 110
	STUART, FL 34996	_	STUART	r, FL 34996
	04/15/2014		L1400006	1884
i. i. (a)	Date of filing/registration in Florida CARLOS GAVIDIA	 4.		Document number
J. (u)	Registered Agent and Registered Office shown on the records of 212 SPYGLASS LANE	the Flor	ida Dept. of St	ate:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>(SS)</u>	
	JUPITER	33477		1 1 1
(b)	BRYNNE DUNN			321
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			_
	601 HERITAGE DRIVE STE 139			OF STATE AMTE DA
	NEW Registered Office Address:			
	JUPITER	33458		_
	,FI			_
hange gent v vas/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members cles of organizations are operating agreement of the	registe ability of the l	ered office a company, it imited liabil	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.
Signa	ture of a member or authorized representative of a member	_		Printed or typed name of signee
rovisi	by accept the appointment as registered agent and agi ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I	nerfor	mance of mi	duties, and Lam familiar with and accer