## L14000 106888

(Requ	uestor's Name)	
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SECRETARY OF STATE
AND AHASSEE, FLORID.

HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Gresram W	
Name of Li	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:
Francis N. Hawley Name of Person	
Name of Person	<del></del>
Gresram LLC	<del></del>
Firm/Company	
1110 Brckell Au Suit	~ 50 <i>(</i>
Address	<u>e 306</u>
Miami Flonda 3313	1
City/State and Zip Code	
francis hawley e amail.  E-mail address: (to be used for future annual repo	· Com et patification)
2 mm noutess. (to be used for future annual repo	it notification)
For further information concerning this matter, please c	eall:
Tar in N. Handari T	701 3 5644411
Francis N. Hawley at (	786 3951414  Area Code & Daytime Telephone Number
Table of Lordin	raca code a Dayanie Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following amount	3
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 20, 2016

FRANCIS N HAWLEY 1110 BRICKELL AV SUITE 506 MIAMI, FL 33131

SUBJECT: GRESRAM L.L.C. Ref. Number: L14000106888

CALCALIANT CONTAINS
TALLAHASSEE FINDINA

We have received your document for GRESRAM L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Part 5(b) has not been completed.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 816A00008186

6 MAY -2 AM 10: 14

www.sunbiz.org

## 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. Name of the limited liability company: 6resram UC	·
	cishowley egmail-com Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Miami Florida 33130	
	1) nn n 1 n 1 n n n
O7 07 2014 L1  3. Date of filing/registration in Florida 4.	4000 10 6 888
5. (a) Francis N. Hawley Registered Agent and Registered Office shown on the records of the Florida Dept. of State	- e:
AD SW 13th 51 SUITE 203  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	-
Miami Florida 33130	· -
Francis N. Hawley	ALLAHA
Enter name of NEW Registered Agent and/or NEW Registered Office address:	55 N 2
40 SW 13 th st suite 203	
NEW Registered Office Address:	FLORIDA
Miami ,FL 33130	
If the limited liability company is not organized under the laws of the State of Florida street address of the registered office agent will be identical. Or, in the case of a Florida limited liability company, it is was/were authorized by an affirmative vote of the members of the limited liability the articles of organization or the operating agreement of the limited liability contains.	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany.
Signature of a member of authorized representative of a member	Printed or typed name of sence
I hereby accept the appointment as registered agent and agree to act in this cap provisions of all statutes relative to the proper and complete performance of my the obligations of my position as registered agent as provided for in Chapter 603 to merely reflect a change in the registered office address, I hereby confirm that notified in writing of this shape.	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signature of Registered Agest	