## 115000025132

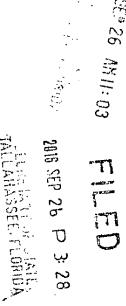
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Duning on Fukita Maria)						
(Business Entity Name)						
(Document Number)						
<b>(</b> ,						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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D. BRUCE SEP 28 2016

## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUBJE	Grouper Commercial Realty	, LLC					
SCEGE	Name of Limited Liability Company						
Dear Si	ir or Madam:						
The end	closed Registered Agent/Registered Off	fice Change	e and fee(s) are submitted for filing.				
	return all correspondence concerning th	_	<u>-</u>				
. rouse	to an an correspondence concerning an	iii iii iii ii	o the rollowing.				
Scott	Silver						
	Name of Person						
	Firm/Company						
2080	McFarlane Rd #12		2016 SEP 26 TALLAHASSE				
	Address		8 S				
			26 88E				
Miami	i, FL 33133						
	City/State and Zip Code		3. 28 FURIDA				
E	-mail address: (to be used for future and	nual report r	notification)				
For fur	ther information concerning this matter	, please call	il:				
Scott	Silver	305 at (					
	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	closed is a check for the following amount:					
	■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					
INHS18	3 (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.

	me of the limited liability company:					
2. (a)	Principal office address of limited liability company:	_ (t	o)	Mailing address of limited liability company:		
	(Note: MUST BE STREET ADDRESS) 2980 McFarlane Rd, Suite 12		2980 M	(Note: MAY BE POST OFFICE BOX)  CFarlane R, Suite 12		
		-	-	<del></del>		
	Miami, FL 33133	Miami, FL 33133 L15000025132				
	02/10/15					
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Scott Silver					
( <del></del> )	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	Registered Office Address (MUST BE FLORIDA STREET AD 18001 Old Cutler Rd, Suite 600	_				
(b)	Miami , FL 3	3157	3157 P. S.			
	Ashley Sodeman			DD CO STATE		
	Enter name of NEW Registered Agent and/or NEW Registered C	Office ad	dress:	SEP 26 P 3: 28 CAHASSEE LORIDA		
	NEW Registered Office Address:			- 25 <del>V</del>		
	2980 McFarlane Rd, Suite 12					
	Miami , FL	33133		_		
the cha agent v was/we	imited liability company is not organized under the law- inge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited liab- ere 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 offic ompany, it i nited liabilit	e and the business office of the registere is hereby confirmed that the change(s) ty company or as otherwise provided in		
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee		
I herei provisi the obl to mere	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 ely reflect a change in the registered office address, I had d in writing of this change.	e to ac erform for in ( ereby c	t in this cap ance of my Chapter 60. onfirm that	pacity. I further agree to comply with the		

Signature of Registered Agent