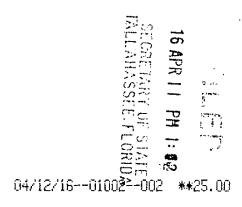
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(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
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JALLAHASSEE, FLORIDA

APR 12 2016 J SHIVERS

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	Graeve Enterprises, LLC					
Name of Limited Liability Company						
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.			
Please	return all correspondence concerning thi	s matter to the follo	wing:			
Susa	n Donahue					
	Name of Person					
Busin	ness Services & Solutions					
	Firm/Company					
4150	W Okeechobee Road Suite E					
	Address		•			
Fort F	Pierce, FL 34947					
	City/State and Zip Code					
Susa	n@bssonline.net					
Е	-mail address: (to be used for future ann	ual report notification	on)			
For fur	rther information concerning this matter,	please call:				
Susa	n Donahue	772	828-3251			
	Name of Person		ea Code & Daytime Telephone Number			
Registration Section Division of Corporations Clifton Building		Registra Divisio P.O. Bo	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	□ \$55 Fi	ling 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. N	ame of the limited liability company: Graeve Ente	rprises	, LLC	
2. (a)			(b)	
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		<u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1121 West Price Blvd #133		1121 We	est Price Blvd #133
	North Port, FL 34288		North Po	ort, FL 34288
	04/04/2016		L1500005	55951
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Stephen Baker			
5. (u)	Registered Agent and Registered Office shown on the records o	f the Flori	da Dept. of State	- e:
	Registered Office Address (MUST BE FLORIDA STREET) 605 75th Avenue	ADDRES	<u>55)</u>	-
	St. Pete Beach	3428	В	35.0 TWLL
(b)	Susan Donahue			APR NAME OF THE PROPERTY OF TH
(-)	Enter name of NEW Registered Agent and/or NEW Registere	d Office s	ddress:	
	Business Services & Solutions			
	NEW Registered Office Address:			- STATE ORIDA
	4150 W Okeechobee Road			
	Fort Pierce , F	L 3494	7	_
the chagent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited le ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the reginability of the limited	gistered office company, it is mited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany. Graeve III
Signa	ature of a member or authorized representative of a member			Printed or typed name of signee
provis the ob to men notifie	thy accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide y reflect a change in the registered office address, and in writing of this change.	gree to a e perfor led for in I hereby	ct in this cap mance of my Chapter 603 confirm that	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