

15000113348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

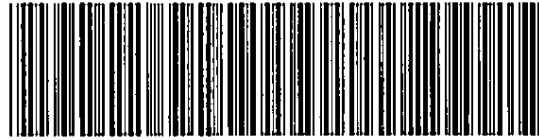
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/12/2021
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2021 JUL 27 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

GRAMOORS LLC

SUBJECT: _____
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joao Jung

Name of Person

BRISTOL BUSINESS MANAGEMENT

Firm/Company

1110 Brickell Ave. Suite 703

Address

Miami, FL 33131

City/State and Zip Code

bristolbm@bristolbmusa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joao Jung

786

4618137

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

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 following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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.

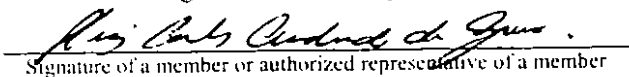
GRAMOORS LLC

1. Name of the limited liability company: _____	
17242 NW 60 COURT Miami FL 33131	
999 PONCE DE LEON BLVD SUITE # 935	
2. (a) _____	(b) _____
Principal office address of limited liability company:	Mailing address of limited liability company:
(Note: <u>MUST BE STREET ADDRESS</u>)	(Note: <u>MAY BE POST OFFICE BOX</u>)
_____	CORAL GABLES, FL 33134 US
_____	_____
06/30/2015	115000113348
3. _____	4. _____
Date of filing/registration in Florida	Document number
MYRIAM C. GONZALEZ, PA	
5. (a) _____	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
999 PONCE DE LEON BLVD SUITE # 935	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
CORAL GABLES 33134	
, FL _____	
Bristol Business Management LLC	
(b) _____	
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	
1110 Brickell Ave. Suite 703.	
<u>NEW Registered Office Address</u> :	

Miami	33131
, FL _____	

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

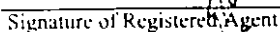


Signature of a member or authorized representative of a member

ANDRADE DA GRACA, LUIZ CARLOS

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00