

# L15000151251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

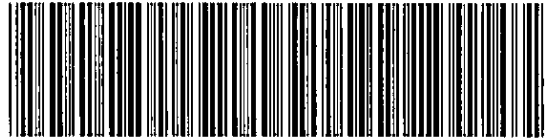
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

wrong form

Office Use Only



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08/27/18--01026--007 \*\*35.00

FILED

2018 OCT 15 PM 3:40

SECRETARY OF STATE  
DIVISION OF REVENUE

M. MILLIGAN

OCT 18 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 4, 2018

JEM FINANCIAL GROUP LLC  
ATTN: JOHN ERIC MISENHEIMER  
195 NE 21ST ST  
WILTON MANORS, FL 33305

SUBJECT: GRANDEVIEW LLC  
Ref. Number: L15000151251

We have received your document for GRANDEVIEW LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Michelle Milligan  
Senior Section Administrator

Letter Number: 818A00018279

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OCT 15 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GRANDVIEW LLC  
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:

John Eric Misenheimer

Name of Person

JEM Financial Group LLC

Firm/Company

195 NE 21st Street

Address

Wilton Manors, FL 33305

City/State and Zip Code

eric@jemfinancialgroup.com

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

For further information concerning this matter, please call:

John Eric Misenheimer

Name of Person

at ( 954 ) 706-3048

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 amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FNHS18 (2/14) Note: The Filing Fee was previously paid when the incorrect Statement of Change for Corporations was filed

RECEIVED  
OCT 15 2018

**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: Grandview LLC
2. (a) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
160 Dogwood Drive  
Weaverville, NC 28787
- (b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
160 Dogwood Drive  
Weaverville, NC 28787
3. 09/01/2015 Date of filing/registration in Florida
4. L15000151251 Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Verras Law, P.A.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
31640 US HWY 19N, Suite 4  
Palm Harbor, FL 34684
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
JEM Financial Group LLC  
NEW Registered Office Address:  
195 NE 21st Street  
Wilton Manors, FL 33305

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.

W.S. Sif  
Signature of a member or authorized representative of a member

Managing Director  
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] CPA  
Signature of Registered Agent

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

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2018 OCT 15 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA