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SECRETARY OF STATE
SECRETARY OF STATE

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COVER LETTER

Division of Corporations	
G R AUTO LLC.	
Name of	f Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office O	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
RAME MASARWE	
Name of Person	
G R AUTO LLC	
Firm/Company	
129 NW 4TH AVE	
Address	
DANIA BEACH FL 33004	
City/State and Zip Code	
GRAUTO2816@GMAIL.COM	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, plea	ase call:
RAME MASARWE	917 257-6992
Name of Person	Arca 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 am	ount:
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHS18 (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. Na	ame of the limited liability company: GRAUTO I	LLC.		
2. (a)	2816 n divio hwa		(b) 129 nw 4th ave	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	wilton manors fl 33334		dania beach fl 33004	
	09/29/2015	— - L	15000165615	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	RAME MASARWE			
5. (u)	Registered Agent and Registered Office shown on the records of 2816 N DIXIE HWY	of the Florida D	ept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET)	T ADDRESS)	2017 FALL	
	WILTON MANORS F	33334	ZOIT JAN 20 TALLAHASSE	
(b)	RAME MASARWE		SEE P. T.	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office addr	BSS: FOR THE PARTY OF THE PARTY	
	129 NW 4TH AVE			
	NEW Registered Office Address:			
	DANIA BEACH F	_L 33004	:	
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registe liability com s of the limite	ered office and the business office of the registered apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company.	
	tapologica		Printed or typed name of signee	
Signa	ture of a member or authorized representative of a member		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