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## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJI	G W Graham and Associate	es LLC			
., ., .,	Name of Limited Liability Company				
Dear S	iir or Madam:				
The en	aclosed Registered Agent/Registered Of	fice Change and fo	ee(s) are submitted for filing.		
Please	return all correspondence concerning th	nis matter to the fo	ollowing:		
Greg	ory W. Graham				
	Name of Person		_		
G W	Graham and Associates LLC				
	Firm/Company		_		
9600	NW 83rd Street				
	Address		_		
Tama	arac, FL 33321				
-	City/State and Zip Code		_		
ggraf	nam499@hotmail.com				
E	E-mail address: (to be used for future an	nual report notific	ation)		
For fu	rther information concerning this matter	, please call:			
Greg	ory W. Graham	317	427-8068		
	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	Regi Divi P.O.	ILING ADDRESS: Istration Section Sion of Corporations Box 6327 Ahassee, Florida 32314		
	Enclosed is a check for the following	g amount:			
	☑ \$25 Filing Fee	<b>□</b> \$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.

2. (a) Gregory W. Graham  Principal office address of limited liability company:  (b) Gregory W. Graham  Mailing address of limited liab	
(Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OF	· ·
9600 NW 83rd Street 9600 NW 83rd Street	
Tamarac, FL 33321 Tamarac, FL 33321	
October 17,2016 L16000191061	
3. Date of filing/registration in Florida 4. Document number	
5. (a)	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	•
United States Corporations, Inc.	= 77
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
13302 Winding Oak Court Suite A	MIG 10 PA
Tampa ,FL 33612	FILED PH 3:
Gregory W. Graham	<u>.</u>
(b)	
Enter name of NEW Registered Agent and/or NEW Registered Office address:	
GW Graham and Associates LLC	
NEW Registered Office Address:	
9600 NW 83rd Street	
Tamarac 5, 33321	
, FL 50021	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confir the change or changes are made, the Florida street address of the registered office and the business office agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that was/were authorized by an affirmative vote of the members of the limited liability company or as otherw the articles of organization or the operating agreement of the limited liability company.	of the registered the change(s)
Gregory W. Graham	
Signature of a member or authorized effresentative of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of a member Printed Nam	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to provisions of all statutes relative to the proper and complete performance of my duties, and I am familia the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docum to marely reflect a change in the registered office address, I hereby confirm that the limited liability comnotified in writing of this change.	comply with the r with and accept ent is being filed pany has been
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	

**FILING FEE: \$25.00** 

INHS18 (2/14)