

L18000025796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

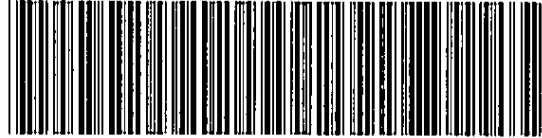
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18 SEP 20 AM 10:18
TALLAHASSEE, FLORIDA

SEP 21 2018
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2018

DANIEL ROSENHEIM
DANIEL ROSENHEIM, ATTORNY AT LAW, P.A.
12273 US HIGHWAY 98 STE 204
MIRAMAR BEACH, FL 32550

SUBJECT: GRAFTED INN, LLC
Ref. Number: L18000025796

FILED
18 SEP 20 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for GRAFTED INN, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 518A00016380

RECEIVED
18 SEP 20 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Grafted Inn, 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 W. Roberts

Name of Person

Law Offices of John W. Roberts, PLLC

Firm/Company

12273 US Highway 98 West, Suite 204

Address

Miramar Beach, Florida 32550

City/State and Zip Code

christina@johnwrobertslaw.com

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

For further information concerning this matter, please call:

John W. Roberts

850

250-0887

at ()

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

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

FILED
18 SEP 20 AM 10:18
TALLAHASSEE, FLORIDA

**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: Grafted Inn, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

1/29/2018

L18000025796

3. _____ Date of filing/registration in Florida 4. _____ Document number

5. (a) Daniel Rosenheim, Attorney at Law, P.A.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Daniel Rosenheim, Attorney at Law, P.A.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

12273 U.S. Highway 98, Suite 204

Miramar Beach, FL 32550

(b) Law Offices of John W. Roberts, PLLC

Enter name of NEW Registered Agent and/or NEW Registered Office address:

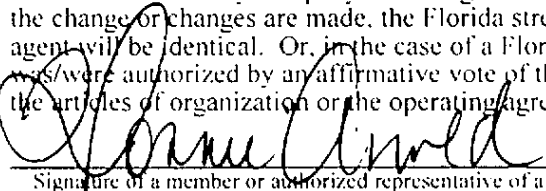
Law Offices of John W. Roberts, PLLC

NEW Registered Office Address:

12273 US Highway 98 West, Suite 204

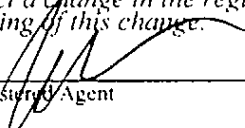
Miramar Beach, FL 32550

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

Honnie Arnold
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