

LIB0000051003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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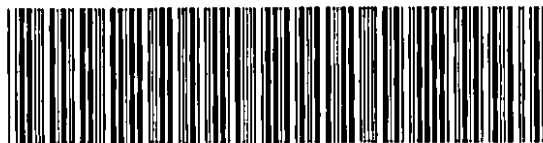
(Business Entity Name)

(Document Number)

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TELEPHONE: 866-225-3654

NIKKI L. BARKER\*●  
JENNIFER L. CODDING\*◀  
JULIANNA E. GROOT\*  
JONATHAN B. LEWIS\*  
STARLETT M. MASSEY\*▲■  
RICHARD S. RUBIN\*◆+  
JOSEPH B. SHACTER\*

OF COUNSEL  
MELISSA L. ARCHER\*  
LONNIE GROOT\*  
JONATHAN D. KAPLAN\*

\*LICENSED IN FLORIDA  
◆LICENSED IN MICHIGAN  
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+LICENSED IN MASSACHUSETTS

July 11, 2019

Registration Section  
Division of Corporations  
P.O Box 6327  
Tallahassee, Florida 32314

**Re: Pink Grapefruit, LLC.  
Statement of Change of Registered Office**

To Whom It May Concern:

We represent Pink Grapefruit, LLC. Please see enclosed the original Statement of Change of Registered Office or Registered Agent or both for Limited Liability Company form along with a check for the filing fee of \$25.00.

Please file at your earliest convenience. We thank you in advance for your attention and assistance. If you have any questions, please do not hesitate to contact us.

Sincerely,

Jennifer L. Coddington

[jcoddington@masseylawgroup.com](mailto:jcoddington@masseylawgroup.com)

For the Firm

JL.C/bf  
Enclosure

**MASSEY LAW GROUP, P.A.**  
[WWW.MASSEYLAWGROUP.COM](http://WWW.MASSEYLAWGROUP.COM)

POST OFFICE BOX 262  
ST. PETERSBURG, FL 33731  
TELEPHONE: 866-225-3654

110 SE 6TH STREET, SUITE 1736  
FORT LAUDERDALE, FL 33301  
TELEPHONE: 954-780-8251

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ank Grapefruit, 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:

Starlett M. Massey  
Name of Person

Massey Law Group, P.A.  
Firm/Company

76 4th Street, #262  
Address

Saint Petersburg, FL 33731  
City/State and Zip Code

smassey@masseylawgroup.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Starlett Massey at ( 813 ) 225-3654  
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

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: Pink Grapefruit, 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)

945 31st Avenue NE  
Saint Petersburg, FL 33704

945 31st Avenue NE  
Saint Petersburg, FL 33704

3. 02/26/2018 4. L18000051003  
Date of filing/registration in Florida Document number

5. (a) Massey Law Group, P.A.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
4401 W. Kennedy Blvd., Suite 201  
Tampa, FL 33609

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
76 4th Street, #262  
Saint Petersburg, FL 33731

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2019 JUL 15 AM 11:09  
TALLAHASSEE, FL

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] 7/1/19  
Signature of a member or authorized representative of a member Printed or typed name of signer

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]  
Signature of Registered Agent