

L18000112150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

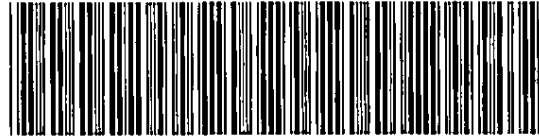
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000317578750

11/13/18--01028--036 **25.00

211.60
2018 NOV 13 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 30 2018
C. McNAIR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 143 GRANT DRIVE 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:

JILL PROBST

Name of Person

NATIONAL SERVICE INFORMATION, INC

Firm/Company

145 BAKER ST

Address

MARION, OHIO 43302

City/State and Zip Code

JILL@NSIL.NET

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

For further information concerning this matter, please call:

JILL PROBST

at (740) 387-6806

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

INHS18 (2/14)

2018 NOV 13 PM 4:19
SECRETARY OF STATE
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: 143 GRANT DRIVE LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

5391 LAKEWOOD RANCH BLVD SUITE 100

SARASOTA, FL 34240

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

5391 LAKEWOOD RANCH BLVD SUITE 100

SARASOTA, FL 34240

05/03/2018

L180001121500

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:

NAJMY THOMPSON PL

Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)

1401 8TH AVENUE WEST

BRADENTON, FL 34205

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

NRAI Services, Inc.

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

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]
Signature of a member or authorized representative of a member

Kim M. Guzzo
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.

By: NRAI Services, Inc.
Signature of Registered Agent

[Signature] Asst Secretary

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

INHS18 (2/14)

2018 NOV 13 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA