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COVER LETTER .

TO: Registration Section Division of Corporations	
SUBJECT: SATELLITE BEACH SEAP Name of Limited	GRK LLC
Name of Limited	Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change ar	nd fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	e following:
,	3
RUTH A WISE Name of Person	
Name of Person	
Firm/Company	
_	
9355 US HWY 1 Address	
Address	
City/State and Zip Code	
City/State and Zip Code	_
Fawise Pnetzero . com E-mail address: (to be used for future annual report not	
E-mail address: (to be used for future annual report not	ification)
For further information concerning this matter, please call:	
RUTH A WISE at (80	8 756 6887
RUTH A WISE at (80)	8 756 · 6887 Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303
Enclosed is a check for the following amount:	
\$\frac{1}{2}\$\$ \$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	me of the limited liability company: SATECLITE BEACH SEA PARK LLC	
2 (a)	9355 US HWY1 (b) 5 AME	_
2. (a)	Principal office address of limited liability company: (b) 5 m E Mailing address of limited liability company:	_
	(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)	
	M/CCO, FL 32976	_
	1-11-19 L180002925777 5	
3.	Date of filing/registration in Florida 4. Document number: 3	
5. (a)	\\0(K \L\\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: ONE HARBOR PLACE Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	1901 S. HARBOR CITY BLVD #700	
	MELBOURNE, FL 32901	
(b)	RUTH H WISE	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	9355 US HWY 1	
	NEW Registered Office Address:	
	MICCO, FL 32976	
	FL	
change agent w was/we	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered ill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the state of organization or the operating agreement of the limited liability company.	ıe
_ k	ire of a member or authorized representative of a member RUTH A. WISE Printed or typed name of signee	
Signat	are of a member or authorized representative of a member Printed or typed name of signee	_
provision the oblition to mere	y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.	e ot d
Signatur	e of Registered Agent	

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