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COVER LETTER

TO:

INHS18 (2/14)

Registration Section

AI GRANDVIEW PROPERTIES LL	C		
SUBJECT: Name	e of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this	s matter to the following:		
Iain Apostolos			
Name of Person	.		
AI GRANDVIEW PROPERTIES LLC			
Firm/Company	 		
623 N Grandview Ave			
Address			
Daytona Beach, FL 32118			
City/State and Zip Code			
iain.apostolos@beachsideworkplace.com			
E-mail address: (to be used for future annu	ual report notification)		
For further information concerning this matter, p	please call:		
Iain Apostolos	407 346-5795 at ()		
Name of Person	Area Code & Daytime Telephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the following	amount:		
■ \$25 Filing Fee	S55 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. N	lame of the limited liability company: AI GRANDVIE	W PROPI	ERTIES LLC			
2. (a)		(b)			
(,	Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)			Mailing address of limited (Note: MAY BE POST	•	
	623 N GRANDVIEW AVE		623 N GRA	ANDVIEW AVE		
	DAYTONA BEACH FL, 32118	_	DAYTON	A BEACH FL, 32118		
	06/25/2019		L190001663	45		
3.	Date of filing/registration in Florida	- 4.		Document number		
5. (a	UNITED STATES CORPORATION AGENTS. INC					
J. (a	Registered Agent and Registered Office shown on the records o	f the Florid	ia Dept. of State	• 3:		
	Registered Office Address (MUST BE FLORIDA STREET) 5575 S. SEMORAN BLVD. 36	ADDRES	<u>(S)</u>	-		
	ORLANDO , F	L_32822		- -		
(b	IAIN APOSTOLOS				۲۶ 0	
,,	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	ddress:	•	:	ت.
	1215 S PENINSULA DR				٥	
	NEW Registered Office Address:			-	25. A	is STATI
	DAYTONA BEACH , F	L 32118			€?	
changagent was/v the ar Sign I her provisithe of to me	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited by were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the lature of a member or authorized representative of a member above accept the appointment as registered agent and agestions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I	e registe iability c of the lii e limited IA: gree to ac e perforn	red office and ompany, it is nited liability com liability capacita in this capacitance of my	d the business office is hereby confirmed they company or as other apany. OS Printed or typed name of acity. I further agree that is, and I am family	of the regis nat the chan erwise provi	etered age(s) aided in with the aid accept
1/A	ed in writing of this change. Ture of Registred Agent					