

h20 000264132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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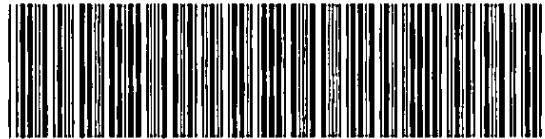
(Business Entity Name)

(Document Number)

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STATE
TALLAHASSEE, FLORIDA

2021 MAR 19 AM 4:04

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GRACIE SOUTH, L.L.C.

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:

SUSAN L. ADINAMIS

Name of Person

ADINAMIS & SAUNDERS, P.C.

Firm/Company

250 E. 96th ST. SUITE 150

Address

INDIANAPOLIS, IN 46240

City/State and Zip Code

DEB@ADINAMIS.COM

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

For further information concerning this matter, please call:

DEB GARDNER

317

218-2603

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

☐ \$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: GRACIE SOUTH, L.L.C.

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)

500 25TH AVENUE

PO BOX 60745

500 25th Ave No

ST. PETERSBURG, FL 33704

ST. PETERSBURG, FL 33704

08/25/2020

L20000264132

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:

GASSMAN, ALAN S

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

1245 COURT STREET

CLEARWATER, FL 33756

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

ABBOTT, NORMA P.

NEW Registered Office Address:

500 25TH AVENUE

ST. PETERSBURG, FL 33704

DEPT OF STATE
TALLAHASSEE, FLORIDA

2021 MAR 19 AM 4:04

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.

Norma P. Abbott

Signature of a member or authorized representative of a member

NORMA P. ABBOTT

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.

Norma P. Abbott

Signature of Registered Agent