

120 000296511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

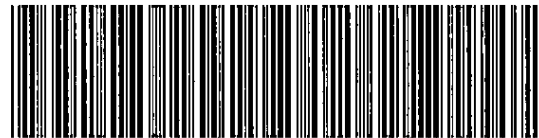
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

10/26/21  
JH

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10/15/21--01004--020 \*\*25.00

FILED  
2021 OCT 15 AM 7:54  
SECRETARY OF STATE  
PALM BEACH, FL  
69



October 12, 2021

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

Re: Griffin Real Estate, LLC

Dear Sir or Madam:

Enclosed for filing is the signed original Registered Agent/Registered Office Change form for the above referenced entity. I am enclosing our firm check in the amount of \$25.00 to cover the filing fee for the entity.

If you have any questions, please contact me.

Very truly yours,

Joshua T. Keleske

JTK:lm  
Enclosures



## COVER LETTER

TO: Registration Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_

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:

LAUREN R. GRIFFIN

Name of Person

GRIFFIN REAL ESTATE, LLC

Firm/Company

2420 W. Mississippi Ave

Address

Tampa, FL 33629

City/State and Zip Code

lauren@griffin.healthcare

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

For further information concerning this matter, please call:

LAUREN R. GRIFFIN

813

326-6320

at (\_\_\_\_\_)

Name of Person

Area Code &amp; 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: GRIFFIN REAL ESTATE, L.L.C.

2. (a) 2420 W. Mississippi Ave, Tampa, FL 33629  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

(b) 2420 W. Mississippi Ave, Tampa, FL 33629  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

3. 09/21/2020 Date of filing/registration in Florida  
4. L20000296511 Document number

5. (a) LAUREN R. GRIFFIN  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1315 S. HOWARD AVE. SUITE 102

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
TAMPA, FL 33606

(b) LAUREN R. GRIFFIN  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
2420 W. MISSISSIPPI AVE.  
NEW Registered Office Address:  
TAMPA, FL 33629

FILED  
2021 OCT 15 AM 7:55  
SECRETARY OF STATE  
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.

Lauren R. Griffin  
Signature of a member or authorized representative of a member

LAUREN R. GRIFFIN  
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 of Registered Agent