

LZ1 0000009872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

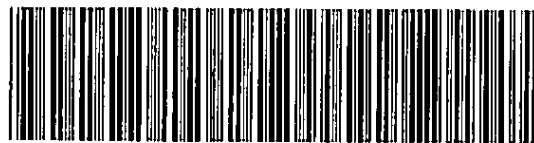
(Business Entity Name)

(Document Number)

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2021 JUN 29 PM 4:13

CC
KHA/Rc/chs

JUL 02 2021
I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GRANTED115, 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:

TAMEKA SHARELL GRANT-MGR

Name of Person

GRANTED115, LLC

Firm/Company

P.O. BOX 936014

Address

MARGATE, FL 33093

City/State and Zip Code

TAMGRAN11@AOL.COM

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

For further information concerning this matter, please call:

TAMEKA S GRANT-MGR

Name of Person

at (954) 778-0901

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 JUN 29 PM 2:19

RECEIVED

June 5, 2021

TAMEKA SHARELL GRANT
P.O. BOX 936014
MARGATE, FL 33093

SUBJECT: GRANTED115, LLC
Ref. Number: L21000009872

We have received your document for GRANTED115, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative. *me*

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 721A00012277

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: GRANTED115, LLC
2. (a) 5100 S.W. 6TH PLACE
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
6TH PLACE
MARGATE, FL 33068
- (b) P.O. BOX 936014
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
MARGATE, FL
33093
3. DECEMBER 31, 2020
Date of filing/registration in Florida
4. 121000009872
Document number
5. (a) TAMEKA S GRANT
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
5100 SW 6TH PLACE
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)
6TH PLACE
MARGATE, FL 33093
- (b) InCorp Services, Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
17888 67TH COURT NORTH
NEW Registered Office Address:
LOXAHATCHEE, FL 33470

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TALLAHASSEE, FL
STATE OF FLORIDA
DIVISION OF CORPORATIONS

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

Tameka S. Grant
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.

[Signature]
Signature of Registered Agent

Joanna Fernandez on behalf of InCorp Services, Inc.

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