L22 000 506029

(Requestor's Name)					
(A.J.,)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(only one to zeps the to see					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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7.11.2075					
1.11.					

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COVER LETTER

TO: .	Registration Section Division of Corporations				
SUBJE	The Grumpy Boston LLC				
	Name of Limited Liability Company				
Dear Si	r or Madam:				
The end	closed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning this	s matter to the	following:		
Nichola	s Kurz				
	Name of Person				
The Gr	impy Boston LLC				
	Firm/Company				
8526 E	Fort Cooper Rd		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
	Address		-		
Inverne	ss FL 34450		·		
	City/State and Zip Code		 ::		
drkurz@	hthegrumpyboston.com		r #		
E-	-mail address: (to be used for future annu	ial report notif	ication)		
For furt	her information concerning this matter.	please call:			
Nichola	s Kurz	970 at (507-0245		
	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		

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.

2. (a)	1685 SE HWY 19	(b	(b) 8526 E Fort Cooper Rd			
·	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: **INote: MAY BE POST OFFICE BOX**)			
	Crystal River FL 34429		Inverness FL 34450			
						
	01/31/2022		1.22000051379			
3.	Date of filing/registration in Florida Nicholas B Kurz	4.	Document number			
5. (a)						
	Registered Agent and Registered Office shown on the records of the Florida Dept, of State:					
	Registered Office Address (MUST BE FLORIDA STREET)	'ADDRESS	<u>SS)</u>			
	9275 W Red Valley Ct					
	Crystal River	i. 34428				
(b)						
	Nicholas B Kurz					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ad	•			
	NEW Registered Office Address:	_ 				
	8526 E Fort Cooper Rd					
	- Control on order Act	.				
	Inverness	. 34450				
	. F	L				
:hange igent w vas/we	mited liability company is not organized under the la or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited I re authorized by an affirmative vote of the members ales of organization or the operating agreement of the	e registere iability co of the lim	red office and the business office of the registered company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in			
		Nich	cholas B Kurz			
Signat	ure of a member or authorized representative of a member		Printed or typed name of signee			
n ovisic he obli o mere	ey accept the appointment as registered agent and agens of all statutes relative to the proper and complete gations of my position as registered agent as providely reflect a change in the registered office address. It in writing of this change,	ree to act performe d for in C hereby co	A in this capacity. I further agree to comply with the nance of my duties, and I am familiar with and accep Chapter 605, F.S. Or, if this document is being file confirm that the limited liability company has been			

Signature of Registered Agent