M07000002395

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



700158787577

B. KOHR

SEP 2 4 2009

EXAMINER



DEPARTMENT OF STATE ACCOUNT FILING COVER SHEET

Account Number	FCA00000017	
Date:	9/23/09	
Requestor Name:	Carlton Fields	
Address:	Post Office Box 190 Tallahassee, Florida 32302	` <u>`</u> .
Telephone:	(850) 513-3619 (direct) (850) 224-1585	
Contact Name:	Kim Pullen, CP, FRP	•
Corporation Name:	Geaham + (Sompany, BLESS
Entity Number (if app Authorization:	licable): MO7000	2002395 gg
Certified Copy		Certificate of Status
New Filings	Plain Stamped Copy	Annual Report
Fictitious Name	Amendments	Registration
X) Call When Ready	(X)Call if Problem	() After 4:30
X)Walk In	() Will Wait	(X) Pick Up
) Mail Out		
CF Internal Use Only Client: 50333 Name: M. Dona Idea		

Th

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

1 The name of the limited liability compan Department of State is: Gr	y as it appears on the records of the Florida
2. This entity was formed under the laws of	: Delaware
3 This entity was authorized to transact bus and its Florida document/registration numbe	r isM0700002395
4. The name and address of each manager o	r managing member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR_	H. Michael Graham 113 Office Park Drive, Suite 200 Birmingham, AL 35223
MGR_	Steven V. Graham 116 Office Park Drive, Suite 200 Birmingham, AL 35223
MGR	Peter Todd Crolius 550 Water Street, Suite 1100 Jacksonville, FL 35202
 .	
	
Required Signature: Miles &	alram

Filing Fee: \$25

Signature of Manager, Managing Member or Member