## m110000001194

| (Re                                     | equestor's Name)   |           |  |  |
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| (Address)                               |                    |           |  |  |
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| (Address)                               |                    |           |  |  |
|   |                    |           |  |  |
| (Cit                                    | ty/State/Zip/Phone | e #)      |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL      |  |  |
|   |                    |           |  |  |
| (Bu                                     | siness Entity Nan  | ne)       |  |  |
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| (Document Number)                       |                    |           |  |  |
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| Special Instructions to Filing Officer: |                    |           |  |  |
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**S Warren** NOV 28 2015



November 10, 2016

MAYRA GONZALEZ 8530 SW 20 STREET MIAMI, FL 33155

SUBJECT: GRTC HOMES, LLC Ref. Number: M16000007194

We have received your document for GRTC HOMES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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) 245-6051.

Letter Number: 716A00024252

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

|                                       | gistration Section<br>vision of Corporations           |  |  |  |  |
|---------------------------------------|--|--|--|--|--|
| CHD IFCT                              | GRTC HOMES, LLC  |  |  |  |  |
| SUBJECT                               | SUBJECT: Name of Limited Liability Company             |  |  |  |  |
| Dear Sir or                           | r Madam:   |  |  |  |  |
| The enclos                            | sed Registered Agent/Registered Offi                   | ce Change and fee(s) are submitted for filing. |  |  |  |
| Please retu                           | orn all correspondence concerning this                 | s matter to the following:                     |  |  |  |
| MAYRA                                 | GONZALEZ   |  |  |  |  |
|                                       | Name of Person   |  |  |  |  |
|                                       |  |  |  |  |  |
|                                       | Firm/Company   | <del></del>                                    |  |  |  |
| 8530 SW                               | V 20 ST  |  |  |  |  |
|                                       | Address  |  |  |  |  |
| Miami, F                              | L 33155  |  |  |  |  |
| · · · · · · · · · · · · · · · · · · · | City/State and Zip Code                                | <del></del>                                    |  |  |  |
| mayra@                                | grtchomes.com  |  |  |  |  |
| E-ma                                  | ll address: (to be used for future annu                | al report notification)                        |  |  |  |
| For further                           | information concerning this matter,                    | please call:                                   |  |  |  |
| MAYRA (                               | GONZALEZ   | 786 291-0827                                   |  |  |  |
|                                       | Name of Person   | Area Code & Daytime Telephone Number           |  |  |  |
| ST                                    | REET/COURIER ADDRESS:                                  | MAILING ADDRESS:                               |  |  |  |
|                                       | gistration Section                                     | Registration Section                           |  |  |  |
|                                       | vision of Corporations                                 | Division of Corporations                       |  |  |  |
|                                       | ifton Building   | P.O. Box 6327                                  |  |  |  |
|                                       | 61 Executive Center Circle<br>Ilahassee, Florida 32301 | Tallahassee, Florida 32314                     |  |  |  |
| En                                    | closed is a check for the following                    | amount:  |  |  |  |
| <b>Ø</b>                              | \$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.

| 1. Na   | ame of the limited liability company: GRTC HON   | MES, LLC   |   |
|---|--|--|---|
| 2. (a)  | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   | (b)  | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)   |
| 3.<br>5. (a)  | 09/09/2016  Date of filing/registration in Florida GONZALEZ, YOLANDA   | M160000  | 007194  Document number   |
|   | Registered Agent and Registered Office shown on the records of the Florida Dept. of State GONZALEZ, YOLANDA  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  321 SW 71 AVE   |  | _   |
| (b)   | Business Filings Incorporated  | <sub>FL</sub> 33144  | FILED PROPERTY OF THE PARTY OF |
|   | Business Filings Incorporated  NEW Registered Office Address:  1200 South Pine Island Road   | red Office address:  | STATE LORIDA  |
|   | Plantation   | <sub>FL</sub> 33324  | _   |
| the cha<br>agent w<br>was/we  | imited liability company is not organized under the ange or changes are made, the Florida street address vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of the member of the member of the member of the operating agreement of the operating agreement of the operating agreement of the operations.   | of the registered offic<br>liability company, it is<br>s of the limited liability  | e and the business office of the registered<br>s hereby confirmed that the change(s)<br>y company or as otherwise provided in<br>npany.   |
| I herel<br>provision<br>the oblit<br>to mere<br>notified  | ture of a member of authorized representative of a member by accept the proportionent as registered agent and a ons of all statutes relative to the proper and comple igalians of my position as registered agent as providing reflect a change in the registered office address, in writing of this change.  Ass Sec.   | ile performance of my<br>ded for in Chapter 60:<br>I hereby confirm that   | Printed or typed name of signee vacity. I further agree to comply with the duties, and I am familiar with and accept s. F.S. Or, if this document is being filed the limited liability company has been filings Incurporated  |
| the cha<br>agent was/we<br>the arti<br>Signat<br>I herel<br>provision<br>the obli-<br>to mere<br>notified | NEW Registered Office Address:  1200 South Pine Island Road  Plantation  Inited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited at each of organization or the operating agreement of the interest of a member of all statutes relative to the proper and completing all statutes relative to the proper and completing of all statutes relative to the proper and completing of the completing of the change in the registered office address, in writing of this change. | FL 33324  laws of the State of Fl of the registered offic liability company, it is of the limited liabilithe limited liability company of MAYRA GOI maree to act in this capile performance of my ded for in Chapter of the limited liability confirm that | e and the business office of shereby confirmed that the ty company or as otherwise npany.  NZALEZ  Printed or typed name of signee vacity. I further agree to conduties, and I am familiar with F.S. Or, if this document the limited liability company.  |

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