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To:

Division of Corporations

15129570210

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Address:	
	Address:_

## LLC REGISTERED AGENT CHANGE GRAND OAKS FUNDING, L.L.C.

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K. Brumbley

## **COVER LETTER**

TO: Registration Section Division of Corporations	· •
SUBJECT: GRAND OAKS FL	UNDING, L.L.C.
Name	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Joshua Murphy	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest	t Pkwy. Ste 400
Address	
Austin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future annu	ual report notification)
For further information concerning this matter,	please call:
Joshua Murphy	888 705-7274
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
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.

1. Name of the limited liability company: GRANI	D OAKS FUNDING, L.L.C.		
600 MANOR RD STE 2A	(b) 600 MANOR RD STE 2A		
Principal office address of limited tiability company  (Note: MUST BE STREET ADDRESS)	y: Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
STATEN ISLAND, NY 103	STATEN ISLAND, NY 10314		
1/19/2017	M1700000518		
3. Date of filing/registration in Florida	4. Document number		
BLUMBERGEXCELSIOR CORPORATE	E SERVICES, INC.		
5. (a)  Registered Agent and Registered Office shown on the record of the PLAZA DRIV  Registered Office Address	E, 1ST FL		
TALLAHASSEE  Registered Agent Solutions, In	IC. Sterred Office address:		
(b) Registered Agent Solutions, in  Enter name of NEW Registered Agent and/or NEW Registered Agent Agent Agent Age	istered Office address:		
155 Office Plaza Dr.	AMII: 39		
NEW Registered Office Address:	 ω		
Suite A	<u> </u>		
Tallahassee	<sub>FL</sub> 32301		
the change or changes are made, the Florida street addragent will be identical. Or, in the case of a Florida limit was/were authorized by an affirmative vote of the mem the articles of organization or the operating agreement of the Caggiano  Signature of a member or authorized representative of a member. I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and continue obligations of my position as registered agent as property reflect a change in the registered office addrage.	Chris Caggiano Authorized Person		
Mackenzie Hart, Asst. Secret Signature of Registered Agent	ary		