

P000000040523

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000154957 3)))



H130001548573ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850) 617-6380

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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

Email Address: \_\_\_\_\_

REGISTERED AGENT CHANGE  
GRELELA MANAGEMENT COMPANY

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$35.00 |

RECEIVED

13 JUL 10 AM 8:21

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JUL 10 AM 9:29

8878032

RA/RO/chg  
@ 7.11.13

H13000154957 3

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT OR BOTH FOR CORPORATIONS**

*Pursuant to the provisions of Sections 607.0502, 617.0502, 607.1508 and 617.1508, Florida Statutes, this Statement of Change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida:*

1. The name of the corporation: **GRELELA MANAGEMENT COMPANY**
2. The principal office address: **2000 E. EDGEWOOD DR.  
SUITE 102,  
LAKELAND, FL 33803**
3. The mailing address (if different):
4. Date of incorporation/qualification: **04/20/2000** Document number: **P00000040823**
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

**CHRISTOPHER M. FEAR  
ONE LAKE MORTON DR.  
LAKELAND, FL 33801**

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed)

**MARIANNE PARSONS  
2000 E. EDGEWOOD DR. SUITE 102  
LAKELAND, FL 33803**

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its Board of Directors or by an officer so authorized by the Board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an Officer or Director

**Marianne Parsons, President**  
\_\_\_\_\_  
Printed or Typed Name and Title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

**07/09/2013**

\_\_\_\_\_  
Date

If signing on behalf of an entity:

**N/A**

\_\_\_\_\_  
Typed or Printed Name

**\*\*\*FILING FEE: \$35.00\*\*\***

**MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE**

**MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FLORIDA 32314**

CRE2E045 (03/12)

H13000154957 3