## P03000067216

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:			
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Req	uestor's Name)	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status			
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Add	ress)	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status			
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Add	ress)	_
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status			
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/	/State/Zip/Phone	e #)
(Document Number)  Certified Copies Certificates of Status	PICK-UP	MAIT	MAIL
Certified Copies Certificates of Status	(Busi	iness Entity Nar	ne)
Certified Copies Certificates of Status			
	(Doc	ument Number)	
Special Instructions to Filing Officer:	Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:			
	Special Instructions to F	iling Officer:	
i	:		
			İ
·			·





000156458070

06/02/09--01040--009 \*\*35.00





## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: Grand Realty, Inc. Name of Corporation			
DOCUMENT NUMBER: P0300067216			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Blacke Lewis Name of Contact Person			
Grand Realty, Inc Firm/Company			
5642 Jones Street Address			
Milton, FC 32570 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Blake Lewis at (850 ) 626-3959			
Blake Lewis at (850) 626-3959  Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

## 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, or 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: Grand Realty, Inc
2. The principal office address: 5642 Jones Street
Milton, F 32570
3. The mailing address (if different):
4. Date of incorporation/qualification: June 13, 2003 Document number: P03000067216
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)
Blake Edward Lewis - Grand Realty, Inc
4577 Santa Villa Drive
Blake Edward Lewis - Grand Rualty, Inc  4577 Santa Villa Drive  Pace, Fr. 32571  Pace, Fr. 32571
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
5642 Jones Street  P.O. Box NOT acceptable
Milton, R 32570
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 comporation has been notified in writing of the change.
Blake E Lewis 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.
Blake E Cours 5/27/09 Signature of Registrated Agent Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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