Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

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REGISTERED AGENT CHANGE THE GARRETSON RESOLUTION GROUP, INC.

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Electronic Filing Menu

Corporate Filing Menu

COVER LETTER

TO:	Amendment Section Division of Corporations			
SÚBJE	THE GARRETSON RESOLUTION GROUP,	INC.		
GUBJE	Name of C	orporation		
DOCU	F0900000111 MENT NUMBER:			
The end	closed Statement of Change of Registered Offic	c/Agent and fee are submitted for filing.		
	return all correspondence concerning this matte	•		
	MS. SHAKISH	IA L. CRUSS		
Name of Contact Person				
THE GARRETSON RESOLUTION GROUP, INC.				
Firm/Company				
	2115 REXFORD ROAD, 4TH FLOOR			
•	Address			
	CHARLOTTE, NC 28211			
	City/State and Zip Code			
SCRISS@GARRETSONGROUP.COM				
	E-mail address: (to be used for f	future annual report notification)		
For fur	ther information concerning this matter, pleasa	call:		
	MS. SHAKISHA L. CRISS	704 559-4300		
	Name of Contact Person	Area Code & Daythne Telephone Number		
Enclose	ed is a \$35.00 check made payable to the Depar	iment of State.		
,	Mailing Address: Amendment Section	Street Address: Amendment Section		
•	Division of Corporations	Division of Corporations		
	P.O. Box 6327 Tallabassec, FL 32314	Clifton Building 2661 Executive Center Circle		
,	. Juiniussee, FL 32314	Tabasas R. 20203		

FL006 - 10/25/1012 Wolters Kinsey Calina

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flor ange is submitted for a corporation organized under the laws of the State	_	
-	er to change its registered office or registered agent, or both, in the State	•	
1. The name of t	the corporation: THE GARRETSON RESOLUTION GROUP, INC.		
2. The principal	THE COOPER HOAD, GIALCHARLATE, OU 46747		
3. The mailing a	address (if different): 2115 REXFORD ROAD, 4TH FLOOR, CHARLOTTE	, NC 28211	
4. Date of incorp	poration/qualification: 01/09/2009 Document number: F090	00000111	
5. The name and	d street address of the current registered agent and registered office on fil rtment of State: (If resigned, enter resigned)	•	
	CORPORATION SERVICE COMPANY	_	
	1201 HAYS STREET		
	TALLAHASSEB, FL 32301-2525		
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registere	d office	
	C T Corporation System	_ 5	
	c/o C T Corporation System, 1200 South Pine Island Road		
	P.O. Box NOT ecceptable		
	Plantation, Florida 33324	<u> </u>	
The street address changed will	ess of its registered office and the street address of the business office identical.	of its registered agent,	
Such change we authorized by the	as authorized by resolution duly adopted by its board of directors or by he board, or the corporation has been notified in writing of the change.	an officer so	
-file	in ful SYLVIOS VON SAUCKEN, CHI		
Signatu	ure of su other of director Product or typed inside a		
I hereby accept I further agree performance of agent. Or, if the hereby confirm	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and fmy duities, and Lam familiar with and accept the obligation of my posits doctains it being filed merely to reflect a change in the registered that the comparation has been notified in writing of this change.	complete ition as registered office address, i	
Ву:	Arpora Mai System 5/01/2013 pater's antiggidand Again	<u> </u>	
If signing on be	ehalf of an entity:		
San	adra Ortega		
Vice	e President	•	
	* * * FILING PEE: \$35.00 * * *		
M	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE IAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE,	FL 32314	

CR2E045 (03/12)