Fleodod 3/3

(Re	equestor's Name)	<u>.</u>
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
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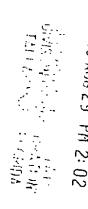


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S. YOUNG



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: GRSG Company

Name of Corporation

DOCUMENT NUMBER, F16000003152

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:

Jennifer S. Blohm

Name of Contact Person

Meyer, Brooks, Demma and Blohm, PA

Firm/Company

P.O. Box 1547

Address

Tallahassee, FL 32302

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Blohm

.850 .878-5212

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

statement of chai	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, nange is submitted for a corporation organized under the laws of the ler to change its registered office or registered agent, or both, in the	State of Virginia
	The corporation: GRSG Company	mat of Finance.
2. The principal	al office address: 1818 Library Street Suite 500, Restor	n, VA 20190
3. The mailing ac	address (if different): 5922 Excelsior Blvd Minneapolis,	MN 55416
4. Date of incorp	rporation/qualification: 7/15/2016 Document number:	F16000003152
5. The name and	nd street address of the current registered agent and registered office artment of State: (If resigned, enter resigned)	on file with the
_	Joe Haas	
-	2384 NW 89th Drive	1 ALL
-	Coral Springs, FL 33065	AUG 2
6. The name and (if changed):	d street address of the new registered agent (if changed) and for regis	₹ □
-	Donna Davis	
	2054 Vista Parkway, Suite 400	IIDA 33
,	PO Box NOT acceptable	
_	West Palm Beach Florida 33411	
The street address as changed will be	ess of its registered office and the street address of the business of the identical.	ice of its registered agent.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors of the board, or the corporation has been notified in writing of the char	r by an officer so age.
<u> De</u>	Zer (ocgin Sean Gagen	
I hereby accept the I further agree to performance of its agent. Or, if this	the appointment as registered agent and agree to act in this capac to comply with the provisions of all statutes relative to the proper of my duties, and I am familiar with and accept the obligation of my is document is being filed merely to reflect a change in the register that the corporation has been notified in writing of this change.	rity. Ind complete pasition as registered
Coth	8/33/2018	
_	madifie of Registered Agent Date	
If signing on beha	chalf of an entity:	
Donna Davis		
lype	yped 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, FL 32314 CR2E015 (03/12)