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To:

Division of Corporations

Fax Number : (850)617-6380

From:

S

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.

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REGISTERED AGENT CHANGE **GRENZEBACH CORPORATION**

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COVER LETTER

Amendment Section

TO:

Division of Corporations	
GDENZERACH CODDON ATION	
SUBJECT: GRENZEBACH CORPORATION Name of Corporation	
DOCUMENT NUMBER: F17000000770	
The enclosed Statement of Change of Registered O	office/Agent and fee are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Mary Castillo	
Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	
5301 Southwest Pkwy Suite 400	
Address	
Austin, Texas 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, plea	ase call:
Mary Castillo	at (888) 705-7274
Name of Contact Person	at (888) 705-7274 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the De	epartment of State.
Mailing Address: Amendment Section	Street Address: Amendment Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of cha	unge is submitted for a corporation organ	2, 607,1508, or 617,1508, Florida Statutes, this ized under the laws of the State of Georgia red agent, or both, in the State of Florida.	
	the corporation: GRENZEBACH CO	•	
 The name of The principal 	office address: 10 Herring Road Newnan.	GA 30265	
, , , , , , , , , , , , , , , , , , , ,			
3. The mailing a	nddress (if different):		
4. Date of incor	poration/qualification: 02/17/2017	Document number: F17000000770	
	d street address of the current registered a rtment of State: (If resigned, enter resigne	gent and registered office on file with the d)	
	REGISTERD AGENT SOLUTIONS, INC	· ·	
	155 OFFICE PLAZA DR. SUITE A		
	TALLAHASEE, FL 32301		
o. The name and (if changed):	I street address of the new registered ager	it (if changed) and /or registered office	
	Registered Agent Solutions, Inc.		
	2894 Remington Green Ln. Ste. A		
	P.O. Box	NOI acceptable	
	Tallahassee, FL 32308		
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its registered agent.	
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been no	by its board of directors or by an officer so lifted in writing of the change.	
st Macken		Mackenzie Hibler, Authorized Person	
•	re of an officer or director	Printed or typed name and little	
further agree i f my duties, an locument is bei	d I ani familiar with and accept the obli	d agree to act in this capacity, ites relative to the proper and complete performance gation of my position as registered agent. Or, if this registered office address, I hereby confirm that the	
M.	لأنك ما وهوم	01/02/2024	
Sig	nature of R and ered Agent	Date	
t signing on be	half of an entity:		
	r, Assistant Secretary		
r	sped or Printed Name		

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