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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

# VCORP SERVICES, LLC

October 25, 2012

Department of State  
Registration Section of Division of Corporations  
2661 Executive Circle  
Tallahassee, FL 32301

Re: Grimpa Holdings, LLC

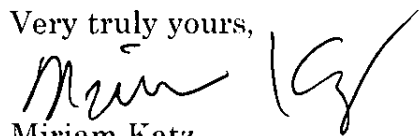
Dear Examiner:

Please file the attached Registered Agent/Registered Office Change for the above referenced entity. A check for \$25 has been enclosed to cover the costs of the filing.

Should there be an error on the attached please contact me ASAP at the info below.

Thank you for your attention to this matter.

Very truly yours,



Miriam Katz

Email: [mkatz@vcorpservices.com](mailto:mkatz@vcorpservices.com)

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GRIMPA HOLDINGS, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Miriam Katz  
Name of Person

Vcorp Services, LLC  
Firm/Company

25 Robert Pitt Drive, Suite 204  
Address

Monsey, NY 10952  
City/State and Zip Code

cld@difalcofernandez.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Miriam Katz at ( 845 ) 425-0077  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

12 OCT 30 PM 1:56  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: GRIMPA HOLDINGS, LLC

2. (a) Principal office address of limited liability company: c/o DiFalco & Fernandez, LLLP

**(Note: MUST BE STREET ADDRESS)**

777 Brickell Avenue, Suite 630  
Miami, FL 33131

(b) Mailing address of limited liability company: c/o DiFalco & Fernandez, LLLP

**(Note: MAY BE POST OFFICE BOX)**

777 Brickell Avenue, Suite 630  
Miami, FL 33131

11/18/2004  
3. Date of filing/registration in Florida

L04000083926  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: DIFALCO & FERNANDEZ, LLLP

Registered Office Address: 3301 PONCE DE LEON BLVD.  
SUITE 200  
CORAL GABLES FL 33134 US

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:** DIFALCO & FERNANDEZ, LLLP

**NEW Registered Office Address:** 777 Brickell Avenue  
**(MUST BE FLORIDA STREET ADDRESS)** Suite 630  
Miami, FL 33131

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Christophe L. DiFalco

Printed or typed name of signer

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00