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SECRETARY OF STATE
SECRETARY OF STATE
AND ANASSEE FLORIDA

## **COVER LETTER**

Division of Corporations			
SUBJECT: GRKB Holdings, LLC	imited Liability Company)		
(Name of L	imited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered O	office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
Rebecca Rainwater	<u>.</u>		
(Name of Person)			
Life Brokerage Partners, LLC.			
(Firm/Company)			
2002 Towns Dd			
3982 Tampa Rd.			
(Address)			
Oldsmar, FL 34677			
(City/State and Zip Code)			
For further information concerning this matter	er, please call:		
Dahasaa Daimuutaa	at (813 ) 792-6200		
Rebecca Rainwater	at (813 ) 792-6200 (Area Code & Daytime Telephone Number)		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations P.O. Box 6327		
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301	, · · · · · · · · · · · · · · · ·		
Enclosed is a check for the following	g amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

## 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. The name of the li	mited liability compa	ny is: GRKB Holding	ıs, LLC		
2. The mailing addre	ss of the limited liabi	lity company is: 39	82 Tampa Rd.	·	
07/08/2005			L05000069321		
3. Date of filing/registration in Florida		2	4. Document number		
5. The name of the re Florida Departmen	gistered agent and the tof State:	e registered office a	ddress as shown or	the records of the	
	Tew, Joel R E				
		Name			
	2655 McCormic	·			
Address		SE SE			
Clearwater, FL 33759  City, State and Zip		CRET CARE			
6. The name and address of the new registered agent and/or office:		ZO ARY			
	Richard C. Milli	ian			
		Name		AMII: 16 OF STATE	
	3982 Tampa Ro			RATE 16	
	Florida street a	ddress (P.O. Box N	OT acceptable)	D	
	Oldsmar,	FL 34677			
	(	City, State and Zip			
and the business office liability company, it is	he change or changes the of the registered ag is hereby confirmed the elimited liability confirment of the limited liability	s are made, the Flori ent will be identica hat the change(s) wan npany or as otherwi iability company.	ida street address o l. Or, in the case o as/were authorized	f the registered office	
Rebecca Rainwater					
(Printed or typed name of s	<del>-</del> .				
		ered agent and agre relative to the prope gations of my positi being filed to merely liability company ho	e to act in this cap r and complete per on as registered as y reflect a change i as been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.	
(Signature of Registered As	rent)				

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00