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(IRM) 10-15-14

## COVER LETTER

Division of Corporations	
GR Restaurant Management, LLC SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Domenick Torrillo	
Name of Person	
GR Restaurant Management, LLC	JAN S
Firm/Company	ECHLIAN LLAHASSI
401 Fairway Drive	
Address	OF STATE
Deerfield Beach, FL 33441	ORID.
City/State and Zip Code	
dtorrillo@grrestaurant.com	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please c	all:
Domenick Torrillo 9	54 281-2047
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	t:
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  D5000083117  Document number  Ept. of State:
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ORI
ate of Florida, it is hereby confirmed that after red office and the business office of the register pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in bility company.  7 RACK
Printed or typed name of signee
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