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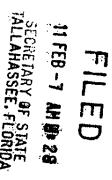
(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
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D. BRUCE FEB 0 8 2011 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporation	ns			
SUBJECT:	G. V. 50 Name of Limite	d Liability Compa		-
Dear Sir or Madam:				
The enclosed Registered Ager	nt/Registered Office	Change and fee(s)) are submitted for filing.	
Please return all corresponden	ce concerning this n	natter to the follov	ving:	
GABRIE Name of I	_ ROJAS		·	
GR SOLUT	TONS LLC		SECRE TALLAH	: } ~
600 PARKVIEV			ASSEE. FLOR	
HALLANDALE, F			28 PAIL PRIDA	•
g.r.solutions@ E-mail address: (to be used for fur	hotmail.com ure annual report notificati	on)		
For further information concer	ning this matter, ple	ease call:		
GABRIEL ROJA Name of Person	at (_		275 9315 Daytime Telephone Number	-
STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 3230	ircle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for	or the following am	ount:		
\$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. Name of the limited liability company:	GR SOLUTIONS LLC
2. (a) Principal office address of limited liabilit	y company: 600 PARKVIEW DR UNIT 828
(Note: MUST BE STREET ADDRESS	HALLANDALE, FLORIDA 33009
(b) Mailing address of limited liability comp	any: 600 PARKVIEW DR UNIT 828
(Note: MAY BE POST OFFICE BOX)	HALLANDALE, FLORIDA 33009
12/26/10 3. Date of filing/registration in Florida	206000017981 4. Document number
5. (a) Registered Agent and Registered Office	shown on the records of the Florida Dept. of State:
Registered Agent:	GABRIEL ROJAS
Registered Office Address:	5220 SW 3 CT PLANTATION FLORIDA 33317
	A
(b) Enter name of <u>NEW Registered Agent</u> a	
NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDR	
	,FL <u>33009</u>
	under the laws of the State of Florida, it is hereby hade, the Florida street address of the registered office ill be identical. Or, in the case of a Florida limited e change(s) was/were authorized by an affirmative vote or as otherwise provided in the articles of organization by company.
Signature of a member of authorized representative of a member	
GABRIEL ROJAS	
Printed or typed name of signee I hereby accept the appointment as registered a comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liability. Signature of Registered Agent/	gent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, s of my position as registered agent as provided for in tiled to merely reflect a change in the registered office y company has been notified in writing of this change.