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| (Re | equestor's Name) | | | |
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| (Address) | | | | |
| (Cir | ty/State/Zip/Phone | e #) | | |
| (C. | -,, | , | | |
| PICK-UP | WAIT | MAIL | | |
| | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| Cartified Canias | Cortificator | of Status | | |
| Certified Copies | _ Certificates | o or Status | | |
| Special Instructions to Filing Officer: | | | | |
| Openial matriculoris to | Timing Officer. | | | |
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Office Use Only



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C. LEWIS

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EXAMINER

COVER LETTER

| TO: | Registration Section Division of Corporations | | | |
|--------|--|-------------|---|--|
| SUBJ | SUBJECT: GRSZ Investco, LLC Name of Limited Liability Company | | | |
| | | | | |
| Dear S | Sir or Madam: | | | |
| The er | nclosed Registered Agent/Registered | Office (| Change and fee(s) are submitted for filing. | |
| Please | return all correspondence concernin | g this m | natter to the following: | |
| | Can Zantasa | | | |
| | Gary Zentner Name of Person | | - | |
| | | | | |
| | Firm/Company | | | |
| | | | | |
| | 44 Coc oanut Row, Unit B | 22 | | |
| | Address | - | | |
| | Palm Beach, FL 33480 | | | |
| | City/State and Zip Code | | | |
| E- | garyzen@gmail.com mail address: (to be used for future annual report | notificatio | ion) | |
| | rther information concerning this ma | | | |
| | 6 | , p | | |
| | Gary Zentner | at (| 917) 881-4505 | |
| | Name of Person | (_ | Area Code & Daytime Telephone Number | |
| | STREET/COURIER ADDRESS: | | MAILING ADDRESS: | |
| | Registration Section | | Registration Section | |
| | Division of Corporations | | Division of Corporations | |
| | Clifton Building | | P.O. Box 6327 | |
| | 2661 Executive Center Circle | | Tallahassee, Florida 32314 | |
| | Tallahassee, Florida 32301 | | | |
| | Enclosed is a check for the follow | ing amo | ount: | |
| ſ | \$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: | GRSZ Investco, LLC | | | |
|---|--|--|--|--|
| 2. (a) Principal office address of limited liability company | : 44 Cocoanut Row, Unit B22 | | | |
| (Note: MUST BE STREET ADDRESS) | Palm Beach, FL 33480 | | | |
| (b) Mailing address of limited liability company: | 44 Cocoanut Row, Unit B22 | | | |
| (Note: MAY BE POST OFFICE BOX) | Palm Beach, FL 33480 | | | |
| 5/11/2012 | L12000064554 | | | |
| 3. Date of filing/registration in Florida | 4. Document number | | | |
| 5. (a) Registered Agent and Registered Office shown on t | the records of the Florida Dept. of State: | | | |
| Registered Agent: | National Corporate Research, Ltd. Inc. | | | |
| Registered Office Address: | 155 Office Plaza Drive Tallahassee, FL 32301 | | | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent</u> : | W Registered Office address: The Property of t | | | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | | | | |
| | Palm Beach ,FL 33480 | | | |
| 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 | | | | |
| Sam Richter | _ | | | |
| Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provisions and I am familiar with and accept the obligations of my post | gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change. | | | |

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