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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: GPG Group Name of Limited	LLC d 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 m	atter to the following:			
Scant P Galupsi				
GPG Group LLC Firm/Company				
336 SE 101 St Address	EC 26 PA			
Pomparo Deach FL 3 City/State and Zip Code	3060 F			
E-mail address: (to be used for future annual report notification	on)			
For further information concerning this matter, ple	ase call:			
Grant P Galuppi: at (561 305 - 4726 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			

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: G_{φ}	G Group LLC
2.	(a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	1: 330 SF 10th S+ Pomping Beach FL 32060
	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	330 St. 10th S Pompono Beach Ec 33060
 3.	lフ/19/2013 Date of filing/registration in Florida	
5.	(a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
	Registered Agent:	Grant Galyppies & F
	Registered Office Address:	Pomparo Beach Ft 507060
		- 2
	(b) Enter name of <u>NEW Registered Agent</u> and/or \underline{NEY}	W Registered Office address:
	NEW Registered Agent:	Lauren Galuppi
	<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	330 SE 10th St Porpara Beach FL 33060 ,FL
an lia the	the limited liability company is not organized under the infirmed that after the change or changes are made, the F d the business office of the registered agent will be ident bility company, it is hereby confirmed that the change(s) is members of the limited liability company or as otherwise operating agreement of the limited liability company.	laws of the State of Florida, it is hereby lorida street address of the registered office
	Grat P Calippi inted or typed name of signee	_
	hereby accept the appointment as registered agent and a mply with the provisions of all statutes relative to the pr of I am familiar with and accept the obligations of my po- capter 608, F.S. Or, if this document is being filed to me laress, Thereby confirm that the limited liability compan- gnature of Registered Agent	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in crely reflect a change in the registered office by has been notified in writing of this change.

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