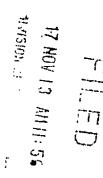


(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Bign Sign					





10/27/17--01033--023 **25.00





November 1, 2017

BEN PRICE 7519 PENNSYLVANIA AVE, STE 102 SARASOTA, FL 34243

SUBJECT: GROUP ACQUISITION PARTNERS, LLC

Ref. Number: L13000135201

We have received your document for GROUP ACQUISITION PARTNERS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 817A00022089

Octavia L Simmons Regulatory Specialist II

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	Group Acquisition Partners,	LLC			
V V V V V V V V V V	Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Offi	ce Change	and fee(s) are submitted for filing.		
Please	return all correspondence concerning thi	s matter to	the following:		
Ben E	E. Price				
	Name of Person				
Group	o Acquisition Partners, LLC				
	Firm/Company				
7519	Pennsylvania Avenue, Suite 102				
	Address	•			
Saras	sota, Florida 34243				
	City/State and Zip Code	_			
tamm	y@35bp.com				
	-mail address: (to be used for future ann	ual report n	otification)		
For fur	ther information concerning this matter.	please call:			
Tamn	ny Dillon	941 at (355-9500		
	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:			
	☑ \$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 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

l. Na	une of the limited liability company: Group Acqu	isition Partr	ners, LLC
	7519 Pennsylvania Avenue, Suite 102	(b) 7	7519 Pennyslvania Avenue, Suite 102
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Sarasota, Florida 34243	<u>s</u>	Sarasota, Florida 34243
	September 25, 2013	 L 1	13000135201
3,	Date of filing/registration in Florida	4.	Document number
5. (a)	Marilyn Dirks		
•	Registered Agent and Registered Office shown on the records 551 Gulf Bay Road	ept. of State	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	
	Longboat Key,	34228	17 80V
(b)	Ben E. Price		5
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office addres	<u> </u>
	7519 Pennsylvania Avenue, Suite 102		
	NEW Registered Office Address:		
	Sarasota,	34243	
the cha agent v was/wo	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member iclassification or the operating agreement of the	of the register liability comp s of the limited he limited liab	red office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
I here provisi the obl to mer notifica	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provide by reflect a change in the registered office address, this change,	igree to act in te performanc ded for in Cha I hereby confi	t this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been