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(Requestor's Name)						
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Certified Copies	Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:					
						





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(1RM 10-8-14

COVER LETTER

TO: Registration Section Division of Corporations			
GRB Beach Properties II, LI	LC		
	ne of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning th	is matter to the following:	ALLA ALLA	
Elizabeth W. Sigler		H3 55	
	<u> </u>	درن (
Name of Person		1710	
Bell, Orr, Ayers & Moore			
Firm/Company]>	
PO Box 738			
Address			
Bowling Green, KY 42102			
City/State and Zip Code			
E-mail address: (to be used for future ann	nual report notification)		
For further information concerning this matter,	please call:		
Elizabeth W. Sigler	270 781-8111		
Name of Person	Area Code & Daytime Telephone Nu	umber	
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 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following	amount:		
2 \$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.

1. N	ame of the limited liability company: GRB Beach F	roper_	TIE	S II, LLC	ز 			
2. (a)	395 St. Joseph Lane	((b)	395 St.	. Joseph Lan	e		
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· · ·	. ,		Mailing address of (Note: MAY B		-	
	Bowling Green, KY 42103			Bowling	Green, KY	42103		
		_						
								
	03/05/2014		L	.140000	37388			
3.	Date of filing/registration in Florida	4.			Document nu	ımber		
5. (a)	Marty Williams							
J. (u)	Registered Agent and Registered Office shown on the records of	the Flori	da	Dept. of Sta	nte:			
	5365 E. County Hwy 30A Unit 104							
	Registered Office Address (MUST BE FLORIDA STREET)							
						AL SE	7	ż
	Seagrove Beach . FL	3245	9			一 [] []	SEP	era dina
					_	SCPAC (310)	29	ಿಸಲಾವಾಟ್ನ ಆದಾ ರ್ಣವಾ
(b)	CT Corporation System			····				**************************************
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	<u>idd</u>	<u>ress</u> :		79 <u>7</u> 0	PH (3
	1200 South Pine Island Rd.					FILORIO	<u>ယ</u> ှ	
	NEW Registered Office Address:			-		m.	0	
								
	Di saladia s	0000	,					
	Plantation , FL	33324	4		_			
If the l	imited liability company is not organized under the law	vs of th	je S	State of F	lorida, it is here	eby confin	med th	at after
the cha	ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia	the reg ability (gist cor	ered officency it	ce and the busing is hereby confi	ness office irmed that	of the	registered ange(s)
was/w	ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the li	mi	ted liabili	ity company or	as otherw	ise pro	vided in
ine ari	icles of organization of the operating agreement of the	munec	# 114	.4.	$\mathcal{L} \mathcal{L} \mathcal{L}$	والمل	۰	Ti
Signa	ture of a member or authorized representative of a member	_		<i>\</i>	Printed or types	d name of sig	mec	100
I here	by accept the appointment as registered agent and agr	ee to a	ct i	in this cap	pacity. I furthe	r agree to	compl	y with the
provisi the obt	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I t	perjori d for in	ma C	nce oj my hapter 60) auties, and I a 15, F.S. Or, if the	im jamiliai his docum ihility oom	ent is l	ana accept being filed
io mer ziotifie	d in writing of this charge ames M. Halpin	iereuy	CUI	gam ma	ine unuueu uu	ouny com	puny n	us veen
حسير	Anatotont Coordanic							
Signatu								
	Division of Corporations P.O. F	sox 632	27 (Tallaha	188ee, FL 3231	4		

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