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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Group Service Organization, LLC  
Name of Limited 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 matter to the following:

Linda Dorfman

Name of Person

Group Service Organization, LLC

Firm/Company

7900 Glades Rd., Suite 210

Address

Boca Raton, FL 33434

City/State and Zip Code

ldorfman@gsoboca.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Dorfman

Name of Person

at ( 954 ) 821-8440.

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OF REGISTERED AGENT OR BOTH THE  
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. Name of the limited liability company: Group Service Organization, LLC

2. (a) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
7900 Glades Rd., Suite 210  
Boca Raton, FL 33434

(b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
7900 Glades Rd., Suite 210  
Boca Raton, FL 33434

3. 06/22/2015  
Date of filing/registration in Florida

4. L15000113825  
Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Linda G. Dorfman  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
1 S. Ocean Blvd., Suite 200  
Boca Raton, FL 33432

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Linda G. Dorfman  
NEW Registered Office Address:  
7900 Glades Rd., Suite 210  
Boca Raton, FL 33434

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.

Linda Dorfman  
Signature of a member or authorized representative of a member

Linda G. Dorfman  
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Linda Dorfman  
Signature of Registered Agent

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