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(Requestor's Name)				
(Address)				
(Address)				
	(City/State/Zip/Phone #)			
PICK-UF	P MAIL MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
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COVER LETTER

Registration Section

TO:

INHS18 (2/14)

Division of Corporations				
SUBJECT: GRL LAW GROUP, LLC Name	of Limited L	iability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offic	re Change and	I fee(s) are submitted for filing	<u>u</u> .	
Please return all correspondence concerning this				
Name of Person				
GRL LAW GROUP, LLC				
Firm/Company				
3414 MEADOWBROOK WAY				
Address			2017 Sec Fall	
DAVIE, FLORIDA 33328			2017 JUN 20 SECKLIARY ALLAHASSE	
City/State and Zip Code			C7	
ADMIN@GRLLAWGROUP.COM			D 3 4.	
E-mail address: (to be used for future annu	ial report noti	fication)	- 15 · # · # · # · # · # · # · # · # · # ·	
For further information concerning this matter,	please call:)- <u> </u>	
GABRIELLE M. GUTT	305	333-9653		
Name of Person	_ *** (Area Code & Daytime Tel	ephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re D P.	egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314		
Enclosed is a check for the following	amount:			
☑ \$25 Filing Fee		655 Filing Fee & Certified Co	py	

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

i. Na	me of the limited liability company: GRL LAW GF	ROUP	, LLC			
2. (a)	GRL LAW GROUP, LLC		(b) GRL LAW GROUP, LLC			
_ (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	2525 PONCE DE LEON BLVD. SUITE 300		2525 PONCE DE LEON BLVD. SUITE 300			
	CORAL GABLES, FLORIDA 33134	_	CC	RAL GABLES, FLORIDA 33134		
	03/06/2017		L170	00051577		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	GABRIELLE M. GUTT					
5. (a)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. (of State:		
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRE.	<u>SS)</u>			
	Doral .FL	3317	8	2017 TALL		
(b)	Gabrielle M. Gutt			→ To		
,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ddress:	FILED WW 20 P 3 4 HASSEE FLORIDA		
	NEW Registered Office Address;					
	2525 Ponce De Leon, Blvd Suite 300					
	Coral Gables	3313	4			
the cha agent v was/we	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liate authorized by an affirmative vote of the members of the organization of the operating agreement of the	the regability of the li	gistered compan mited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in		
	uv -	G	abrielle	e M. Gutt		
$\mathbf{\mathcal{O}}$	ture of a member or authorized representative of a member			Printed or typed name of signee		
provisi the obl to mere	by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflection change in the registered office address, I forwriting of this change	nerfori	nance c	of my duties, and I am familiar with and accept		

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

Signature of Registered Agent