# L22 U00179906

(Requestor's Name)
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(Address)
, ,
(City/State/Zip/Phone #)
(Only State / Epin Hone #)
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#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: _ GR SOFTWARE COMPANY 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:	
EFRAIN SONNHEZ  Name of Person  GR SOFTWARE COMPANY LLC  Firm/Company  G70 LEMON OR OVE AV  Address  MElbourne / PL. 32904  City/State and Zip Code  ER SOFTWARECO @ HoTMAIL . Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	10: 00 AN 10: 08

### **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 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. Na	me of the limited liability company: $6R 50F$	TWARE	COM	PANY C	LC
2. (a)		b)			
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	M	lailing address ( ( <u>Note: MAY</u> 1	of limited liabil BE POST OFF	•
	670 GMON GROVE AVE	6	70 K	MON.	GROVE AV
	MElbourne, FL. 32904	ME	160UNG	FL.	32904
3.	$\frac{04/04/2022}{\text{Date of filing/registration in Florida}}$	4	1220	30017	9906
		1	Document nu	mber	
5. (a)	ZENBUSINESS	- D 601-1-			
	Registered Agent and Registered Office shown on the records of the Florid	a Dept. of State:	•		
	Registered Office Address	<u></u>		. 5	385
	336 E. COLLEGE AVE. S	oite	301		12 12 19 12
	TALLAHASEE ,FL 3	2301		TALL MASSIFIE	703 APR 10 AH 10: 08
				189	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office ac	ddress:		-	H io
					90
	EFRAIN TONZULEZ / ER SOF	-TWARE	COMI	PANY	LLC
	NEW Registered Office Address:				
	670 LEMON GROVE AUF.	<u> </u>			
	MElbourue .FL 3	2904			
change agent w was/we the artic	mited liability company is not organized under the laws of the or changes are made, the Florida street address of the register will be identical. Or, in the case of a Florida limited liability core authorized by an affirmative vote of the members of the linited of organization or the operating agreement of the limited	ed office and ompany, it is nited liability liability comp	the business hereby confi- company or pany.	office of the rmed that the as otherwise	registered e change(s) rprovided in
	rure of a member or authorized representative of a perimber	EFT	Printed or type	50NZ	Alex
Signat	ture of a member or authorized representative of a symmetry		Printed or type	I name of signe	c
provisie the obli to mere notified	by accept the appointment as registered agent and agree to accions of all statutes relative to the proper and complete perform igations of my position as registered agent as provided for in Cely reflect a change in the registered office address, I hereby cell in writing of this change.	t in this capac ance of my di Chapter 605, onfirm that th	city. I furthe uties, and I a F.S. Or, if to se limited lia	r agree to co m familiar w his document bility compa	mply with the with and accept is being filed my has been
Signatur	re of Registered Agent				