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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

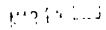
Email	Address:			

LLC REGISTERED AGENT CHANGE GRI-EQY (AIRPARK PLAZA) LLC

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INHS18 (2/14)

COVER LETTER

TO: Registration Section Division of Corporations		•
GRI-EQY (AIRPARK PLAZA) LLC	
	Name of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	l Office Change a	nd fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to th	ne following:
Mary Castillo		
Name of Person		
Registered Agent Solutions, Inc.		
Firm/Company		
Corporate Center One, 5301 Southwest Pkwy	. Ste 400	
Address		
Austin, TX 78735		
City/State and Zip Co	de	
E-mail address: (to be used for future	e annual report no	tification)
For further information concerning this ma	atter, please call:	
Mary Castillo	888 at (705-7274
Name of Person		Area Code & Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the follow	wing amount:	
S25 Filing Fee	٥	\$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.

(a)	7200 Wisconsin Avenue		(b) 7200 Wis	consin Avenue		
. ,	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)			Mailing address of (Note: MAY BE		
	Suite 600		Suite 600			
	Bethesda, MD 20814		Bethesda,	MD 20814		
	4/30/2008		M0800000	2051		
	Date of filing/registration in Florida	4.		Document num	ber	
(2)	CT CORPORATION SYSTEM					
5. (a)	Registered Agent and Registered Office shown on the recor	Is of the Flori	la Dept. of Stat	e:		
	1200 SOUTH PINE ISLAND ROAD					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			~		
	PLANTATION	. FL_33324		_	آخ آ	26
(b)	Registered Agent Solutions, Inc.					2023 H.⊃ 1.3
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			_		Ų
(b)	Enter name of NEW Registered Agent and/or NEW Regis	ered Office a	ddress:			
(h)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regis</u> 155 Office Plaza Dr.	ered Office a	ddress:			- ω - · · · · · · · · · · · · · · · · ·
(b)		ered Office p	ddress:	_	· (.	13 MH 15:
(b)	155 Office Plaza Dr.	ered Office a	ddress:	-		

the articles of organization or the operating agreement of the limited liability company.

_{/s'} Robin Gonzales	Robin Gonzales	Authorized Signer
Signature of a member or authorized representative of a member	Printed	for typed name of signee

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.

Mackenzie Hibler, Asst, Secretary Signature of Registered Agent