

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone Fax Number : (850)878-5368

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

Email Address:

## LLC REGISTERED AGENT CHANGE GRT WSP-LC HOLDINGS LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

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## COVER LETTER

TO: Registration Section Division of Corporations				
GRT WSP-LC HOLDINGS LLC				
Name 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:			
Name of Person				
Firm/Company				
Address				
City/State and Zip Code				
E-mail address: (to be used for future ann				
For further information concerning this matter,	, picase cali:			
Name of Person	at ()Area Code & Daytime Telephone Numbe			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following	amount:			
☐ \$25 Filing Fee	S55 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. N	Name of the limited liability company: GRT WSP-LC H	OLDINGS LLC	·
2. (a)	180 EAST BROAD STREET 21ST FLOOR	(b)	
(-,	Principal office address of limited liability company: (Note: MUST RESTREET ADDRESS)	_	Meiling address of limited liability company: (Nate: MAY BE POST OFFICE BOX)
	COLUMBUS, OH 43215		
	2/23/2010	— <u>—</u> М100	000000848
3.	Date of filing/registration in Florida	4.	Document number
5. (A	NRAI SERVICES, INC.		
	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:
	Registered Office Address MUST BE PLORIDA STREET	ADDRESS)	**************************************
	1200 SOUTH PINE ISLAND ROAD		<u> </u>
	PLANTATION	33324	FILE FILE AHASSI
<b>(</b> b)	C T Corporation System		7 AM
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	8: 41 STAIL FLORIC
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation	33324	<del></del>
the ch agent was/w the arr	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of dicles of organization or the operating agreement of the	the registered	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
Sign	ature of a frumber or authorized representative of a member		Printed or typed name of signee
I hare provis the ob to mer notifie	sture of Midmiler or authorized representative of a member sby accept the appointment as registered agent and agritions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I had in writing of this change.  Alfred	ee to act in thi performance of I for in Chapte iereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed a that the limited liability company has been
By:	Alfred '	Younan	
aignati	Assistant	Secreta	ıry
	Division of Corporations P.O. E		lahassee, FL 32314

INHS18 (2/14)