- M11000004465

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
<u> </u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Littly (value)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700247488927

05/03/13--01011--005 **25.00

2013 HAY -3 PH 2: 35
SECREMAY GO MANE
TAIL A MARSEE, PLORBA

MAY - 6 2013 J. BRYAN

COVER LETTER

¥1.

INHS18 (5/08)

Division of Corpo			
SUBJECT:	GRS Tit	tle Services, LLC	
-	Name of Limite	ed Liability Company	
Dear Sir or Madam:			
The enclosed Registered	Agent/Registered Office	Change and fee(s) are submitted for	or filing.
Please return all correspondent	ondence concerning this	matter to the following:	
TERRI T	ERRU me of Person	 	
6RS TITI	LE SERVICE	ES LLC	ZOISHAY -
901 EAST 1	BYRP ST,	STE 1100	HAY-3 PM 2: 35
RICHMOND City/St	VA 272 ate and Zip Code	19	3 3 S
	ro-global For future annual report notifical		
For further information of	oncerning this matter, pl	ease call:	
TERRI TERK	24 at	804 - 486 - 94 Area Code & Daytime Telephone N	L71 Number
STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, Florid	ER ADDRESS: n ations nter Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a che	eck for the following an	nount:	
\$25 Filing Fee		\$55 Filing Fee & Certified C	ору

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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:	GRS Title Services, LLC			
2. (a) Principal office address of limited liability compar	ny:			
(Note: MUST BE STREET ADDRESS)	901 EAST BYRD STREET RICHMOND, VA 23219 UN	4,0		
(b) Mailing address of limited liability company:		三		
(Note: MAY BE POST OFFICE BOX)	901 EAST BYRD STREET RICHMOND, VA 23219 UN	5 13 13 13 13 13 13 13 13 13 13 13 13 13		
09/06/2011	M11000004465			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept.	of State:		
Registered Agent:	NATIONAL CORPORATE RESE	ARCH LTD INC		
Registered Office Address:	155 Office Plaza Drive Taliahassee, FL 32301			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	InCorp Services, Inc.			
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	17888 67th Court North			
	Loxahatchee ,	FL <u>33470</u>		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be identiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability compans. Signature of a member or authorized representative of a member	Florida street address of the regis atical. Or, in the case of a Florida s) was/were authorized by an afficerwise provided in the articles of y.	tered office I limited rmative vote		
ANDREW S. BROWNSTEIN	7			
hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pland I am familiar with and accept the obligations of my per chapter 648, F.S. Or, if this document is being filed to maddress! I hereby confirm that the limited liability compared on behalf of InCorp Services, Inc. Bignature of Registered Agent Division of Corporations, P.O. Box 66	327, Tallahassee, FL 32314	orther agree to of my duties, ovided for in stered office this change.		
FILING FEE: \$25.00				