N05000009238

G.R.S. MANAGEMENT ASSOCIATES, INC

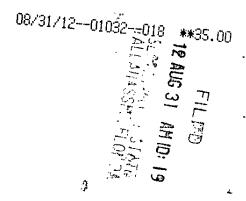
3900 WOODLAKE BLVD., SUITE 309 LAKE WORTH, FLORIDA 33463

	(Address)	
 	(City/State/Zip/Phon	ne #)
PICK-UF	P WAIT	MAIL
	(Business Entity Na	me)
	(Document Number)
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SEP 4 2012 C. MUSTAIN

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of \\ \frac{\frac{10000}{10000}}{100000}
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Pao M Breezes Property Ownseld Assoc Time.
2. The principal office address: CD GRS Handcament ASSC. Inc.
3500 Woodlake Blid 500 309 Lake WORM PC 33463
3. The mailing address (if different): Sade As About
· · · ·
4. Date of incorporation/qualification: 09/07/2005 Document number: NO5000009238
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
NATT LEVINE, ATT
Canal Canal Day
1900 N. COMMUNEO Way
WESTON PC 33371
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
GOEDE É ADAMCZYK PLLC
9200 NULL 3389 ST STE 303
P.O. Box NOT acceptable
Meane et 33122
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer of director Signature of an officer of director Signature of an officer of director Frinted or typed name and title
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 obligation of my position as registered
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent Date
If signing on behalf of an entity:
Margot J. wainger, Esq.

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *