

P12000035621

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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REGISTERED AGENT CHANGE
GRAND ASSURANCE, INC.

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AUG 19 2015

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GRAND ASSURANCE, INC.

Name of Corporation

DOCUMENT NUMBER: P12000035621

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rusty Trout

Name of Contact Person

Taylor English Duma LLP

Firm/Company

1600 Parkwood Cir SE Ste 400

Address

Atlanta, GA 30339-2119

City/State and Zip Code

jmartinez@grandincentives.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rusty Trout

Name of Contact Person

678

336-7290

at ()

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2ED45 (03/12)

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GRAND ASSURANCE, INC.
2. The principal office address: 7560 COMMERCE COURT, SARASOTA, FL 34243
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/13/2012 Document number: P12000035621

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)

MARTINEZ, GRACE

14603 WILLIAMS LN

HUDSON, FL 34667

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

Lawrence Biondi
Signature of an officer or director

LAWRENCE Biondi, CEO
Printed 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 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.

C.T. Corporation System
By: [Signature]
Signature of Registered Agent

8/17/2015

Date

If signing on behalf of an entity:

Michael Jones, Assistant Secretary
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)