P14000068310

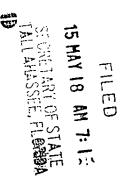
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COVER LETTER

TO:

Amendment Section Division of Corporations

GROUPIZ, Inc.

Name of Corporation

DOCUMENT NUMBER: P140000683

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:

ROBERTO NEUBERGER

Name of Contact Person

ACTIVE FILINGS LLC

Firm/Company

381 E SHERIDAN ST STE 112

Address

DANIA BEACH, FL 33004

City/State and Zip Code

OPERATIONS@ACTIVEFILINGS.COM

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

For further information concerning this matter, please call:

ROBERTO NEUBERGER

_.,800 \609-2521

Name of Contact Person

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

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

statement of ch	ange is submitted for a corporation org	ganized under the laws of the State of FLORIDA sistered agent, or both, in the State of Florida.	
	the corporation: GROUPIZ. IN		
2. The principal	l office address: 9801 Collins A	venue Apt 12M, Bal Harbor, FL 33154	
3. The mailing	address (if different):		
4. Date of incor	rporation/qualification: 08-15-201	14 Document number: P14000068310	
	nd street address of the current registere artment of State: (If resigned, enter resigned)	ed agent and registered office on file with the gned)	
	Corporation Service Co	mpany	
	1201 Hays Street,		
	Tallahassee, FL 32301		
6. The name an (if changed):	•	agent (if changed) and /or registered office	
	9801 Collins Avenue Ap		
		NOT acceptable	
	Bal Harbour, FL 33154		
		eet address of the business office of its registered agent,	
authorized by t	he board, or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.	
Edmond	Cohen	Edmond Cohen, President	
I hereby accept I further agree performance of agent. Or, if th	t the appointment as registered agent to comply with the provisions of all soft my duties, and I am familiar with and is document is being filed merely to real that the corporation has been notifie	Printed or typed name and title and agree to act in this capacity. tatutes relative to the proper and complete d accept the obligation of my position as registered reflect a change in the registered office address, I d in writing of this change.	
Edmond	Cohen	May 3, 2015	
Edmond Cohele	Mailire of Redistered Agent	Date	
If signing on be	ehalf of an entity:		
	l'yped 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)