No. 9253 FP. 1 of 2

Florida Department of State

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REGISTERED AGENT CHANGE GREGKAY DEVELOPMENT CORP.

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Corporate Filing Menu

Help

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

statement of cha	provisions of sections 607.0502, 6 nge is submitted for a corporation to change its registered office of	ı organi	zed under the laws o	f the State of NEV	V YORK	_
1. The name of t	he corporation: GREGKAY D	EVEL	OPMENT CO	RP.	,	
2. The principal	office address: 7001 BRUSH RY, NY 11590	HOL	LOW ROAD, S	ECOND FLC	OR,	
3. The mailing a	ddress (if different):				<u> </u>	
4. Date of incorp	oration/qualification: 11/02/1	989	Document nun	ber: P26721		
	street address of the current registratent of State: (if resigned, enter			ffice on file with 1	the	
	CORPORATION INFOR	RMAT	ON SERVICE	S, INC.		
	1201 HAYES STREET				77.	<u>_</u> ,
	TALLAHASSEE, FL 323	301				15 OCT
6. The name and (if changed):	street address of the new register	red agen	t (if changed) and /o	r registered office	HASSEI	1
	INCORPORATING SEF	RVICE	S, LTD.		₹ ¹ .	3.77
	1540 GLENWAY DRIVE				95	. 55 50
•	P.O. Box NOT acceptable TALLAHASSEE FL 32301				<u> </u>	24
The street addre	ss of its registered office and the be identical.	street a	ddress of the busine	ess office of its re	gistered a	gent,
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has b	dopted een not	by its board of directified in writing of the	ctors or by an offi se change.	icer so	
Signatur			Edward	**		_
l hereby accept I further agrée i performance of agent. Or, if in hereby confirm	the appointment as registered as o comply with the provisions of my duties, and I am familiar with s document is being filed merely that the corporation has been no	gent and all statu h and go to refle tifled in	agree to act in this tes relative to the pi cept the obligation ct a change in the r writing of this cha	capacity. roper and comple of my position as egistered office a nge.	te registered ddress, I	t
	sa A. Stops		9/30/2015			
	native of Registered Agent realf of an entity:	*	•	Date		
MELISSA A	. STOPS					
Ту	ped or Printed Name	•				

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2ED45 (03/12)

