## Address City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time Walk in Certified Copy Mail out Will wait Certificate of Status hotocopy NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/ Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Examiner's Initials (2/4)

Other

## Florida Department of State, Sandra B. Mortham, Secretary of State

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

submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.  1. The name of the corporation is: GROSVENOR, INC.			
		The mailine address Selection 6	550 N Rodows 7 W. J.
			550 N. Federal Highway, Suite 240
F	t. Lauderdale, FL 33308-1404		
3. Date of incorporation/qualification: 2/24/9	3 Document number: P93000013801		
The name and address of the current registered age Keith Wasserst 515 E. Las Ola Suite 1500 Ft. Lauderdale	rom SECRE R		
The name and address of the new registered agent a Francis B. Broe 515 E. Las Ola: Suite 1500 Ft. Lauderdale	and office: (P. O. Box Not Acceptable)		
the street address of its registered office and the street, as changed, will be identical.  uch change was authorized by resolution duly adouthorized by the board.			
uthorized by the board.	part by his board of directors of by an officer so		
(Signature of an officer, chairman or vice chairman	$\frac{1]-1}{-98}$ of the board) (Date)		
<u></u>	of the board) (Date)		
Frank Avallind - Pres.  (Printed or typed name and title)	)   -)   - 9 & (Date)		
[Finited of typed name and title] Iaving been named as registered agent and to accessorporation, I hereby accept the appointment as refurther agree to comply with the provisions of all erformance of my duties, and I am familiar with a egistered agent.	(Date)  ept service of process for the above stated gistered agent and agree to act in this capacity. statutes relative to the proper and complete nd accept the obligation of my position as		
Oran G Bolo	1/30/58		
signing on behalf of an entity:	(Date)		
(Typed or Printed Name)	(Capacity)		
2E045(4/95)	FILING FEE: \$35,00		