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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Grand Bay Investments, Inc.

Name of Corporation

DOCUMENT NUMBER: S69734

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:

Lidia Cartaya

Name of Contact Person

S&K Worldwide Realty, LLC

Firm/Company

150 Alhambra Circle, Suite 725

Address

Coral Gables, Florida 33134

City/State and Zip Code

lcartaya@skwwrealty.com

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

For further information concerning this matter, please call:

Lidia Cartaya 305 4

Name of Contact Person Area Code & Daytime Telephone Num

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 cha	provisions of sections 607.0502, 617.05 inge is submitted for a corporation orga r to change its registered office or regis	nized under the laws of the State of	r Florida
	he corporation: Grand Bay Invest	•	
	office address: 150 Alhambra Cir		les, Florida 33134
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 07/30/1991	Document number: S697	34
	I street address of the current registered timent of State: (If resigned, enter resign	•	with the
	S&K Realty Group, LLC		_
	150 Alhambra Circle, Suite 8	300	
	Coral Gables, Florida 33134		- 17
6. The name and (if changed):	I street address of the new registered ago	ent (if changed) and /or registered o	SEP 25
	S&K Worldwide Realty, LLC		
	150 Alhambra Circle, Suite		AM IO: 50
P.O. Box 3 Coral Gables, Florida 3313		T acceptable	TO O
	ess of its registered office and the stree be identical.	t address of the business office of	
authorized by th	ne board or the corporation has been n	otified in writing of the change.	, , , , , , , , , , , , , , , , , , , ,
Signatu	re of an officer or director	Dirk Kuczurba, President Printed or typed name and title	
I further agree of performance of agent. Or, if th	the appointment as registered agent a to comply with the provisions of all sta my duties, and I am familiar with and is document is being filed merely to re that the corporation has been notified	tutes relative to the proper and co accept the obligation of my positic flect a change in the registered off	on as revistered
De and lo	actay 2	September 22, 2017	
_	nature of Registered Agent half of an entity:	Date	
	ya, Manager		
	yped or Printed Name		

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

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