## L220004422204

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SECRETARY OF STATE TALL ANASSEE FLORIOR

A. RIVERS MAR 1 5 2023

## COVER LETTER

Division of Corporations	·
SUBJECT: GRIT360	
-	me of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	his matter to the following:
ROMANA JANDSKOVA	
Name of Person	
Firm/Company	
930 Central Ave: #5	49
St. Petersburg, FL, 33 City/State and Zip Code	705
romana lestic ayahoo. Ce E-mail address: (to be used for future and	
E-mail address: (to be used for future and	nual report notification)
For further information concerning this matter.	, please call:
Romana Januskova  Name of Person	at ( <u>310</u> ) <u>990 - 0429</u> Area Code & Daytime Telephone Number
	, .
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations  Division of Corporations	
Clifton Building P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following	amount:
(\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	Name of the limited liability company: <u>GRIT360</u>	D, LLC
2, (a)	) 930 (entral Ave (b	930 central tre
(,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	# 549	#549
	St Petersburg, PL, 33705	St Petersburg, FL, 33705
	$\frac{10/3/22}{\text{Date of filing/registration in Florida}}$ 4.	L22-000442204
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	a) United States Corporation Agent, In(.  Registered Agent and Registered Office shown on the records of the Florida	a Dept. of State:
	5575 S. Semoran Blvd	•
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS	5)
	Suite 36	
	Orlando ,FL 329	822 \$
(b)	Romana Janoskova	<del></del>
	Enter name of NEW Registered Agent and/or NEW Registered Office ad	dress:
	930 Central Ave	dress:
	NEW Registered Office Address:	
	#549	
	St. Petersburg, FL 33	<u>705</u>
the cha agent v was/wa the arti	e limited liability company is not organized under the laws of the change or changes are made, the Florida street address of the regint will be identical. Or, in the case of a Florida limited liability of were authorized by an affirmative vote of the members of the limited or organization or the operating agreement of the limited	State of Florida, it is hereby confirmed that after stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
Signa	mature of a member or authorized representative of a member	Printed or typed name of signee
provisi the obl to mer	reby accept the appointment as registered agent and agree to ac visions of all statutes relative to the proper and complete perform obligations of my position as registered agent as provided for inversive and ress. I hereby consistent as provided for inversive address. I hereby consistent as provided to the registered office address. I hereby consistent as provided in writing of this change.	t in this capacity. I further agree to comply with the nance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been
Signatu	oward Agent	
/ -	Division of Corporations P.O. Box 632	7● Tallahassee, FL 32314

**FILING FEE: \$25.00**