I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN JOLLEY

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

/Y NW

851 BROKEN SOUND PKWY NW SUITE 100B BOCA RATON, FL 33487

Current Mailing Address:

851 BROKEN SOUND PKWY NW SUITE 100B BOCA RATON, FL 33487 US

Current Principal Place of Business:

FEI Number: 65-0265220

Name and Address of Current Registered Agent:

LEVEY, MITCHELL 851 BROKEN SOUND PKWY NW SUITE 100B BOCA RATON, FL 33487 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	E: MITCHELL LEVEY		01/29/2024
	Electronic Signature of Registered Agent		Date
Officer/Dire	ctor Detail :		
Title	PRESIDENT	Title	TREASURER
Name	JOLLEY, JOHN	Name	BROWN, BRUCE
Address	851 BROKEN SOUND PKWY NW SUITE 100B	Address	851 BROKEN SOUND BLVD. SUITE 100B
City-State-Zip:	BOCA RATON FL 33487	City-State-Zip:	BOCA RATON FL 33486
Title	SECRETARY		
Name	IZRAELOV, MARY		
Address	851 BROKEN SOUND BLVD. SUITE 100B		
City-State-Zip:	BOCA RATON FL 33486		

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: GRANT PROPERTY MANAGEMENT COMPANY

DOCUMENT# S56701

FILED Jan 29, 2024 Secretary of State 7838805134CC

Certificate of Status Desired: No

01/29/2024