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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

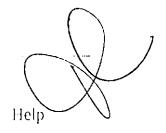
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE GRABYO, INC

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00.33

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

statement of cl	nange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, organized under the laws of the State of <mark>Delawate</mark> registered agent, or both, in the State of Florida.	
1. The name o	f the corporation: GRABYO, INC		
	al office address: 1942 Broadway		
3. The mailing	address (if different): 1942 Broad	dway St. STE 314C Boulder CO 80302	
		20 Document number: F20000000954	4
	nd street address of the current regist artment of State: (If resigned, enter r	ered agent and registered office on file with the esigned)	
	JULIANA DIEZ		
	350 NW 27TH STREET		
	MIAMI, FL 33127		
6. The name and street address of the new registered (if changed): Northwest Registered A			20 · A'D · 11;
	7901 4th St N STE 300		
	St. Petersburg FL 3370	P.O. Box NOT acceptable	: ਂ ω
The street add as changed wi	ress of its registered office and the ll be identical.	street address of the business office of its registe	red agent.
Such change vauthorized by	vas authorized by resolution duly a the board, or the corporation has be	dopted by its board of directors or by an officer seen notified in writing of the change.	O
Ger	reth lypen ture of an officer or director	Gareth Capon - CEO	
I hereby accept further agree of my duties, a document is be	of the annaintment as registered an	Printed or typed name and title ent and agree to act in this capacity. It statutes relative to the proper and complete pe be obligation of my position as registered agent. It in the registered office address, I hereby confir- nange.	rformance Or, if this m that the
77-N-s	ignature of Registered Agent	04/14/2023	
If signing on b	chall of an entity:		
Taylor Nev	•		
	Typed or Printed Name		
	* * * FILIS	G FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)