

(Requestor's Name)	
(Address)	
(Address)	
(Address)	
· · · · ·	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
•	•
Special Instructions to Filing Officer:	
3	

Office Use Only



300382279523

O SIMMONS FEB 23 2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE : 509052 7636648						
AUTHORIZATION: Spelle man						
COST LIMIT : \$\alpha_25\dightarrow\dightarro						
ORDER DATE : February 22, 2022						
ORDER TIME : 12:55 PM						
ORDER NO. : 509052-005						
CUSTOMER NO: 7636648						
CHANGE OF AGENT						
NAME: GRAIN CAPITAL, LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Alexxis Weiland EXT#						
EXAMINER:						

COVER LETTER

	ion Section of Corporations					
Gra	in Capital, LLC					
30bii.er	Name of Limited Liability Company					
Dear Sir or Mada	m:					
The enclosed Reg	gistered Agent/Registered Office	Change and fe	ee(s) are submitted for filing.			
Please return all	correspondence concerning this i	natter to the fo	llowing:			
Brandi Kow						
	Name of Person		-			
Grain Manageme	ent, LLC					
	Firm/Company		_			
100 N Washingto	on Blvd, Ste 201					
	Address		_			
Sarasota, FL 342	236					
	City/State and Zip Code		_			
bkow@graingp.c	om					
E-mail addr	ess: (to be used for future annua	l report notifica	ation)			
For further inform	nation concerning this matter, pl	ease call:				
Brandi Kow		941 at (586-4708			
١	lame of Person		Area Code & Daytime Telephone Number			
Registra Division P.O. Bo	Address: tion Section of Corporations x 6327 see. FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed	is a check for the following an	mount:				
□ \$25 Fi	ling Fee	☐ \$55 Filing Fee & Certified Copy				

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR 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	ame of the limited liability company: Grain Capital, L	LC		
2.	(a)	100 N Washington Blvd, Ste 201	100 N Washington Blvd, Ste 201		
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		1/9/2006		2602	
2		Date of filing/registration in Florida	- 20000000 - 4.	Document number	
3.		Margaret I. Gladstone	4 .	Document number	
5.	(a)	Registered Agent and Registered Office shown on the records of	the Florida Dont of Sta	—	
		100 N Washington Blvd, Ste 201		2022 SE(
		Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	SECRITARIA TALLARIA	
		Sarasota, FL		22 AH 10: 22	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	_	
		Corporation Service Company			
		NEW Registered Office Address:		-	
		1201 Hays Street	_		
		Tallahassee FL	32301	_	
ch ag wa	ange ent v is/wo	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered office an ability company, it is if the limited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany.	
-	Signa	ture of a member or authorized representative of a member	41	Printed or typed name of signee	
pr the to no	ovisi 2 obl mere tified	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have a complete in the registered office address, I have a complete in the compl	ee to act in this cap, performance of my I for in Chapter 603 iereby confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept i, F.S. Or, if this document is being filed the limited liability company has been	

Signature of Registered Agent