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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

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ma						

LLC REGISTERED AGENT CHANGE GREYSTONE EQUITY PARTNERS LLC

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JAN 23 2023 Z Rrumble)

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

Fursuant 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.

	(b	1				
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Aailing address of limite (Note: MAY BE POS			•
			0000075			
02/11/16		L1600	0029275			
Date of filing/registration in Florida	4,		Document number			
COMPERE, STEVE						
Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	,			
2186 Willoughby Street						
Registered Office Address	<u>ADDRESS)</u>					
Apt 102						
Port Charlotte FI	33980			_ :•:	207	
Northwest Registered Agent I	1.0				2023 JAN 20	
Northwest Registered Agent L Enter name of NEW Registered Agent and/or NEW Registered				: - 7	# N	
the finance of NEW Registered Agent and/or NEW Registered	vanice add	<u>ress</u> .				نـــا
7901 4th St N					P.4	(1)
NEW Registered Office Address				•	$\ddot{\sim}$	
STE 300	<i></i>	**************************************		- :	28	
St. Petersburg .FI	33702					
mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members of the organization or the operating agreement of the line of a member or authorized representative of a member.	the regist ability cor of the limi limited li	ered office npany, it is ted liability	and the business of hereby confirmed (company or as oth	fice of that the	the re	giste ge(s)
,			Printed or typed name			

rovisions of all statides relative to the proper and complete performance of my duties, and I am familiar with and accept he obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been offiged in writing of this change.

Taylor Newman - Assistant Secretary

Signature of Registered Agent