## 616000091326

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2018 JUN -1 PK 4: 41
SUCRETARY OF STATE

M. MILLIGAN JUN 08 2018



May 21, 2018

OLGRAY, LLC 4450 MARQUETTE AVE JACKSONVILLE, FL 32210

SUBJECT: OLGRAY, LLC Ref. Number: L16000091326

We have received your document for OLGRAY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan Senior Section Administrator

Letter Number: 918A00010528

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## COVER LETTER

Dear Sir or Madam:  The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Jennifer Stone Name of Person  Olgany LLC Primy/Cimpany  UMSO MARQUE HE AVE Address  Jackbanine, F1 30210  City/State and Zip Code  Stone iennifer To grace I com E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Jennifer Stone Name of Person  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, Florida 32301  Enclosed is a check for the following amount:  ### 225 Filing Fee  INISSI 8(2/14)  Talready paid 3692 please refund Biology LC Hank you	TO: Registration Section Division of Corporations
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    Jennifer Stone	SUBJECT: OLGray LLC Name of Limited Liability Company
Please return all correspondence concerning this matter to the following:  Jennifer Stone Name of Person  Olgray LLC Firm/Cimpany  4450 MALQUE Hr Ave Address  Jackbanile, F1 33210  City/State and Zip Code  Stone jennifer 77 Cgmal com E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Jennifer Jton at 904 412 4929  Name of Person Area Code & Daytime Telephone Number  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:  \$\Precedex*255 Filing Fee \$\Bigs \text{S55 Filing Fee & Certified Copy}	Dear Sir or Madam:
Name of Person  OLGRAY LLC  SFirm/Company  UHSO MARQUE Hr AVE Address  Jackbon: Ne, F1 30210  City/State and Zip Code  Store: Inc. F1 77 C. grant I. Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Jennifer Store  Name of Person  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:  P325 Filing Fee  US55 Filing Fee Certified Copy	The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Cly/State and Zip Code  Store jen future annual report notification)  For further information concerning this matter, please call:  Jen From Area Code & Daytime Telephone Number  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Section Clifton Building Clifton Build	Please return all correspondence concerning this matter to the following:
Address  Jackbanile, F1 33210  City/State and Zip Code  Store icanifer 77 C grand . Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Jenifer Jim at (904) 412 4929  Name of Person Area Code & Daytime Telephone Number  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327  Clifton Building P.O. Box 6327  Tallahassee, Florida 32301  Enclosed is a check for the following amount:  \$\P\$325 Filing Fee	Jennifer Stone Name of Person
City/State and Zip Code  Store i Con Francisco Tome I Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:    Jennifer Store   Area Code & Daytime Telephone Number	Olgray LLC Firm/Company
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:    Jennifer   Jean   at (904)   412   4929     Name of Person   Area Code & Daytime Telephone Number      STREET/COURIER ADDRESS:   Registration Section   Division of Corporations   Division of Corporations   Division of Corporations   P.O. Box 6327     2661 Executive Center Circle   Tallahassee, Florida 32301     Enclosed is a check for the following amount:   S55 Filing Fee & Certified Copy	4450 MARQUEHR AVE
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:    Jennifer   Jean   at (904)   412   4929     Name of Person   Area Code & Daytime Telephone Number      STREET/COURIER ADDRESS:   Registration Section   Division of Corporations   Division of Corporations   Division of Corporations   P.O. Box 6327     2661 Executive Center Circle   Tallahassee, Florida 32301     Enclosed is a check for the following amount:   S55 Filing Fee & Certified Copy	Jackbonville, F1 32210
For further information concerning this matter, please call:    Confer Store   at (904) 412 4929	City/State and Zip Code
Name of Person  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:  At a QQY Y12 Y929  Area Code & Daytime Telephone Number  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314  Tallahassee, Florida 32301	E-mail address: (to be used for future annual report notification)
Name of Person  Area Code & Daytime Telephone Number  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:  Area Code & Daytime Telephone Number  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314  Tallahassee, Florida 32314	For further information concerning this matter, please call:
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:  \$\int_{25}^{\text{Registration Section}}\$ Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314  Tallahassee, Florida 32314  \$\int_{25}^{\text{Registration Section}}\$ Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	Jennifer Store at (904) 412 4929  Name of Person Area Code & Daytime Telephone Number
\$25 Filing Fee	Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsClifton BuildingP.O. Box 63272661 Executive Center CircleTallahassee, Florida 32314
	Enclosed is a check for the following amount:
BIO:00 to Olgray LC thank you	
. 1	INHS18(2/14) L I already paid 3600 please refund \$10:00 to Olgray LLC thank you

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## 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: OlgranuLC	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (b) 4450 m cr to we the Ave  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	Jacksonsille F1 32210 Jacksonsille F1 3221	<u>ح</u>
3.	Date of filing/registration in Florida  L160000 41326  Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	Tana, F1 33412  FL  ARECARIAN SSECRETARIAN S	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	TO THE ALL	
	NEW Registered Office Address:  Sackionile, F132210	
	, FL	
the char agent w was/we	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.	
	ure of a member or authorized representative of a member  Printed or typed name of signee	
I hereb provision the oblination	ov accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the constant of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change.	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent