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(Requestor's Name)					
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PICK-UP	WAIT	MAIL			
(Busin	ess Entity Nam	e)			
(Document)	ment Number)				
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COVER LETTER

то:	Registration Section Division of Corporations		
SUBJI	ECT: Grit Capital, LLC		
	Name of Li	mited Liability Company	
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matte	r to the following:	
	Renee Barry		
	Name of Person		
	Greystone Services LLC		
	Firm/Company		
	7609 Greystone Drive		
	Address		
	Bayonet Point, FL 34667		
	City/State and Zip Code		
	greystoneservices4biz@gmail.c	com	
Е	-mail address: (to be used for future annual repo	ort notification)	
For fur	ther information concerning this matter, please	call:	
	Renee Barry	727-862-1718	
	Name of Person	Area Code & Daytime Telephone Number	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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 amoun	t:	
	Ճ \$25 Filing 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: Grit Capi	tal, LLC					
2. (a)		(b)					
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	_	ess of limited liability company: AY BE POST OFFICE BOX)			
	7609 Greystone Dr. #250		7609 Grey	stone Dr. #250			
	Bayonet Point, FL 34667		Bayonet F	oint, FL 34667			
	August 18, 2016		L1600015	4752			
3.	Date of filing/registration in Florida	4.	Documen	t number			
5. (a)							
J. (a)	Registered Agent and Registered Office shown on the records o	of the Florida De	pt. of State:				
	Registered Agent Pros.,LLC						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
	7609 Greystone Dr						
	Bayonet Point, F	_L 3466	67	ZOS JAN 30			
(h)				O PHIZ: I.I. RY OF STATE ASSEE, FL			
(b)	Enter name of NEW Registered Agent and/or NEW Registere	ed Office addres	<u>55</u> :	F S F E E .			
	Greystone Services LLC			FATE FL			
	NEW Registered Office Address:						
	7609 Greystone Dr						
	Bayonet Point	_L 3466	67				
change agent v was/we the arti	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members celes of organization or the operating agreement of the time of a member or authorized repulsentative of a member	e registered o liability comp of the limited e limited liabi	office and the busing any, it is hereby confidently company litty company. Renee B Printed or to	ness office of the registered onfirmed that the change(s) or as otherwise provided in specific provided in specific provided provided in specific provided i			
provisi the obl to mere	by accept the appointment as registered agent and agents on sof all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address. If the providing of this change.	gree 10 act in it e performanci ed for in Cha I hereby confi	inis capacity. I fine of my duties, and pter 605, F.S. Or, rm that the limited	ther agree to comply with the I am familiar with and accept if this document is being filed liability company has been			