

L16000192456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

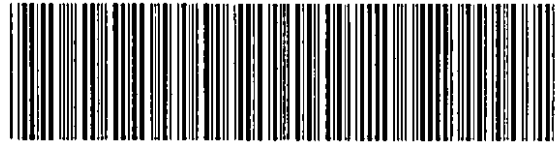
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2022 MAR 31 AM 8:47

SECRETARY OF
TALLAHASSEE COUNTY

2022 MAR 31 PM 3:31

FILED

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

ACCOUNT NO. : I20000000195
REFERENCE : 583083 8374328
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : March 31, 2022

ORDER TIME : 1:37 PM

ORDER NO. : 583083-007

CUSTOMER NO: 8374328

CHANGE OF AGENT

NAME: 8 GRAYVIK LANE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

**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. Name of the limited liability company: 8 GRAYVIK LANE, LLC

2. (a) Principal office address of limited liability company:
*(Note: **MUST BE STREET ADDRESS**)*

181 HARBOR DRIVE

STAMFORD, CT 06902

(b) Mailing address of limited liability company:
*(Note: **MAY BE POST OFFICE BOX**)*

181 HARBOR DRIVE SUITE A201

STAMFORD, CT 06902

10/18/2016

L16000192456

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
PERSAUD, SAMUEL

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

31 OCEAN REEF DRIVE SUITE A201

KEY LARGO, FL 33037

(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

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2022 MAR 31 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/Shepherd P. Murray

Signature of a member or authorized representative of a member

Shepherd P. Murray, Member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Grace E. Kirby

Signature of Registered Agent

GRACE E. KIRBY, ASST. VICE PRESIDENT