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(Requestor's Name)					
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2021 OCT -6 PH 12: 38
SECRETARY OF STATE



COVER LETTER

Division of Corporations		
SUBJECT: GRAPHEIN DESIGN LLC		
	e of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	ce Change and fec(s) are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
ZAHEDA CHAUS		
Name of Person		
YAKUB & COMPANY INC		
Firm/Company		
2707 W PETERSON AVE		
Address		
CHICAGO, IL 60659		
City/State and Zip Code		
zaheda@yakubandcompany.com		
E-mail address: (to be used for future annu	al report notification)	
For further information concerning this matter, p	nlease call:	
ZAHEDA CHAUS	773 743-9292	
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 a	amount:	
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

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.

I. Na	ame of the limited liability company: GRAPHEIN DESI	GN LLC	;	
2. (a)	1180 NW 107TH AVE., PLANTATION, FL 33322		1180 NW	107TH AVE., PLANTATION, FL 33322
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	Date of filing/registration in Florida	- - 4,	L20000368	022 Document number
	SHILPA PURI	٦.		Document names
5. (a)	Registered Agent and Registered Office shown on the records of the 6780 RIVIERA N Registered Office Address			-
	PINELLAS PARK, FL	33781		PIP. 2021 OCT -6 SECRETARY TALLAHA
(b)	SHILPA PURI			7.3
()	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	PH 12: 38
	1180 NW 107TH AVE NEW Registered Office Address:			
	PLANTATION, FL	33322		
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the r vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registere bility co f the lin imited l	ed office an ompany, it i nited liabilit iability cor	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
Sinver	ture of a member or authorized representative of a member	SHI	LPA PURI	Printed or typed name of signee
I herel provisi the obl to mere notified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I ha I in writing of this change.	1 <i>011/1111</i> 11	ance of mv	acity. I further agree to comply with the duties, and I am lamiliar with and accept