L20000382426

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| (City/State/Zip/Prione #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (555551 2) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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115 N CALHOUN ST., STE. 4 JALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

| Date: | 12/20/2024 | | | | | | | |
|--------------|-------------------|-----------------------------|--|--|--|--|--|--|
| Name: | Cheyanne Davis | | | | | | | |
| | 2597601 | | | | | | | |
| | 4 | GRAYVIK, LLC | | | | | | |
| | | ration to Transact Business | | | | | | |
| ☐ Amer | ndment | | | | | | | |
| ✓ Chan | ge of Agent | | | | | | | |
| ☐ Reins | statement | | | | | | | |
| Conversion | | | | | | | | |
| ☐ Merg | er | | | | | | | |
| Disso | lution/Withdrawal | | | | | | | |
| Fictiti | ous Name | | | | | | | |
| Other | | | | | | | | |
| | | | | | | | | |
| Authorized A | Amount: \$25 | | | | | | | |
| Signature: | Chyma Paine | | | | | | | |

. 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. 1 | Jame of the limited liability company: 4 GF | RAYVI | K, LLC | | | |
|--|---|---|---|--|--|---------------|
| 2. (a | 4520 EAST WEST HWY, STE 200 | | (b) | 4520 EA | EAST WEST HWY, STE 200 | |
| ÷. (u | Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) | ; | . (07. | ,\ | Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX) | |
| | BETHESDA MD 20814 | | | BETHE | ESDA MD 20814 | |
| | 12/7/2020 | | | | L20000382426 | |
| 3. | Date of filing/registration in Florida | | 4. | | Document number | |
| 5. (a | LYNN, SANDRA T, ESQ | | | | | |
| <i>3</i> . (• | Registered Agent and Registered Office shown on the record | is of the | Florida D | Pept, of State | - _{2.} | |
| | 7 BARRACUDA LN | | | | i. 21 | |
| | Registered Office Address (MUST BE FLORIDA STRE | TREET ADDRESS) | | | PILAHA | i |
| | KEY LARGO | . FL_ | 33037 | | EC 26 P | - -, |
| (b | | . 10 | ANT 4.8 | <u> </u> | M24 DEC 26 PM 4: 18 | |
| | Enter name of NEW Registered Agent and/or NEW Regist | | mce addr | ess: | NDA | |
| | 115 North Calhoun Street, Su NEW Registered Office Address: | uite 4 | | | | |
| | Taflahassee | . FL_ | 323 | 301 | | |
| the cl agent was/v | limited liability company is not organized under the hange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite were authorized by an affirmative vote of the memberaticles of organization or the operating agreement of /s/ Eleanor Wells | ss of the d liab ers of t | ie registe ility con the limit | ered office pany, it is ed liability bility com | and the business office of the register shereby confirmed that the change(s) y company or as otherwise provided in | |
| Sign | nature of a member or authorized representative of a member | - | | | Printed or typed name of signee | — |
| I her provi the o to me notifi | eby accept the appointment as registered agent and stions of all statutes relative to the proper and comp biligations of my position as registered agent as provedy reflect a change in the registered office addressed in writing of this change. Solution of this change. | l agree dete pe vided f s, I hei | to act in erforman or in Ch reby con | o this capa we of my a apter 605, firm that t | acity. I further agree to comply with the luties, and I am familiar with and acce of F.S. Or, if this document is being file the limited liability company has been | ie Pl d |
| Signa | ture of Registered Agent | | | | | |

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