L20000394086

(Requestor's Name)							
(Address)							
(Address)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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2021 APR -9 AM IO: 19
SECRETARY OF STATE
AND ANASSET FLORIDA

01

COVER LETTER

TO: Registration Section Division of Corporations										
SUBJECT: Grey Matter Consulting										
Name of Lif	nited Liability Company									
Dear Sir or Madam:										
The enclosed Registered Agent/Registered Office Char	ige and fee(s) are submitted for filing.									
Please return all correspondence concerning this matter	to the following:									
James Rhoden										
Name of Person										
Grey Matter Consulting LC Firm/Company										
Firm/Company										
3286 Hidalgo Dr										
Address										
Orlando, FL 32812										
City/State and Zip Code										
james rhoden 80 gmail.com										
E-mail address: (to be used for future annual report notification)										
For further information concerning this matter, please ca	all:									
James Rhoden at C	713 , 679 - 3708									
Name of Person at (713) 679 - 3708 Area Code & Daytime Telephone Number									
Mailing Addmin.	·									
Mailing Address: Registration Section	Street Address: Registration Section									
Division of Corporations	Division of Corporations									
P.O. Box 6327	The Centre of Tallahassee									
Taltahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303									
Enclosed is a check for the following amount:										
\$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.

l. Na	ime of the limited liability company: Grey_!	Matter	Consultin	ng LL	С			_
2. (a)	3286 Hidalgo Dr. Orlando FL 32812 Principal office address of limited liability company:		(b)3		Hidalgo Dr			
	(Note: MUST BE STREET ADDRESS)	<u> </u>	<u></u>		ailing address (Note: MAY)		•	
	12/17/20		L	2000(0394086			
3.	Date of filing/registration in Florida	4.		D	ocument nu	ımber		_
5. (a)	Baten Consulting LLC							
	Registered Agent and Registered Office shown on the records	s of the Flo	rida Dept. of	f State:				
	1712 NW 10th Ave		_					
	Registered Office Address (MUST BE FLORIDA STREE	<u>ET ADDR</u>	ESS)			SECKE TALLAI	2021 Af	enrenne E E
	Fort Lauderdale .	FL_ 3	3311			RE PARY OF STATE AHASSEE, FLORIDA	APR-9	
(b)	Edward Corrothers					E F. S.	A	
	Enter name of NEW Registered Agent and/or NEW Registe	red Office	address:	-		TATE ORIDA	AH 10: 19	
	3286 Hidalgo Dr					•		
	NEW Registered Office Address:							
	Orlando	FL3	32812					
agent w was/we	mited liability company is not organized under the or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member cles of organization or the operating agreement of the control of the control of the operating agreement of the control of the operating agreement of the control of the control of the operating agreement of the control of the contr	t he regist liability is of the l	ered office company, limited liab	e and t it is h bility c	he business creby confir company or a	office of t	the reg	istered
Signate	age of a member or authorized representative of a member	_	Jo	$\frac{1}{2}$	rinted or typed	hode	nce	
the oblig to mere	y accept the appointment as registered agent and a ons of all statutes relative to the proper and comple gations of my position as registered agent as provid by reflect a change in the registered office address, in writing of this change.	igree to c le perfor ded for ii I hereby	ict in this o mance of i i Chapter i confirm th				,	with the md accept eing filed as been

Signature of Registered Agent