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LLC REGISTERED AGENT CHANGE GRAIL RECORDS LLC

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To:

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	une of the limited liability company: GRAIL RECORDS	LLC					
2. (a)	11945 SW 140TH TERRACE	(1	 b)	11945 53	W 140TH TERRACE		
Z, (II)	Principal office address of limited liability company (Nute: MUST BE STREET ADDRESS)	_	·'' <u> </u>		Mailing address of limited (Note: MAY BE POST)		
	MIAMI, FL 33186	-		ЛАМІ,	FL 33186		
	05/03/2021		1.2	1000201	2783		
3.	Date of filing/registration in Florida	4.			Document number		· · · · · · · · · · · · · · · ·
5. (a)	CHRISTIAN ALVAREZ						
. (u)	Registered Agent and Registered Office shown on the records of the 9300 SW 72ND STREET	e Florid	la De	ept. of Sta	ate		
	Registered Otlice Address (MUST BE FLORIDA STREET AL	DDRES.	<u>(S)</u>			;	2023
	MIAMI , FL 3	3173			_		2023 F=?
(b)	C T Corporation System					••	
(0)	Enter name of NEW Registered Agent and/or NEW Registered O	dice ad	idre:	<u>\$\$</u> :		- - - - - - - - - - - - - - -	型1:5
	NEW Registered Office Address:		•		_	-	
	1200 South Pine Island Road				_		
	Plantation , FL.	3324			-		
the cha agent was/we the arti	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab tre authorized by an affirmative vote of the members of these of organization or the operating agreement of the line Authorized Representative use of a member or authorized representative of a member.	ic regi ility co the lin mited	ister omp nite liab	ed offic bany, it d liabili	ce and the business off is hereby confirmed the ty company or as othe mpany.	fice of the hat the ch erwise pro	registered ange(s)
I herel provisi the obli to mere notified	ov accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete point ons of my position as registered agent as provided proper a change in the registered office address. The University of this change. C T Corporation System EANL ENERICK ASS STANT SECRETARY	erform för in (iane Cha	e of my	pacity. I further agree duties, and I am fami 15. F.S. Or, if this doc	e to compl iliar with ument is i	and accept hemo filed

Signature of Registered Agent