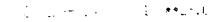
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COVER LETTER

TO: Registration Section Division of Corporations	•	
Grayson Unlimited, LLC SUBJECT:		
Sobacci.	Name of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Register	red Office Change an	d fee(s) are submitted for filing.
Please return all correspondence concer	ning this matter to the	e following:
Everton Henry		
Name of Person		
Firm/Company		
16371 NW 21 STREET		
Address		
PEMBROKE PINES, FL 33028		
City/State and Zip	Code	-
garo3405@yahoo.com		
E-mail address: (to be used for fut	ture annual report not	ification)
For further information concerning this	matter, please call:	
Everton Henry	954 at (608-6863
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 fo	llowing 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.

1 Na	me of the limited liability company:	ed, LLC	;			
	16371 NW 21 STREET		(b) 16371 NW 21 STREET			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-)	Mai	ling address of limited liability company: Note: MAY BE POST OFFICE BOX	
	PEMBROKE PINES, FL 33028			PEMBROKE	PINES, FL 33028	
	03/14/2022		I	.22000126257		
3.	Date of filing/registration in Florida Kedisha Henry	4.		De	ocument number	
5. (a)	Registered Agent and Registered Office shown on the records of 16371 NW 21 STREET	f the Flo	rida	Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDR	ES'S	!		
	PEMBROKE PINES, F	L	3		2022 AUG	
(b)	Everton Henry				- S	
(0)	Enter name of NEW Registered Agent and/or NEW Registere	ed Office	ado	iress:	-2 PH II	
	NEW Registered Office Address:				22	
	, F	TL				
agent v	limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited the authorized by an affirmative vote of the members in the operating agreement of the	ie regis liability of the	tere / co lim	ed office and t mpany, it is b ited liability o	the business office of the registered that the change(s) company or as otherwise provided in	
	Flelny			ton Henry		
I here provis the obto mer notifie	ature of a member or numorized representative of a member or number accept the appointment as registered agent and a cions of all statutes relative to the proper and complet ligations of my position as registered agent as provided reflect a change in the registered office address, a in writing of this change.	gree to le perfo led for I hereb	act rmi in C y co	iu thia aanaa	rinted or typed name of signee ity. I further agree to comply with the ties, and I am familiar with and accept F.S. Or, if this document is being filed e limited liability company has been	
	ure of Registered Agent					
	Division of Corporations • P.O	Box 6	32	7• Tallahass	ee, FL 32314	