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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE **GREY & BASH LLC**

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APR 24 2023

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. N	Same of the limited liability company: ${\sf Grey}\ \&\ {\sf E}$	3ash LLC	<u> </u>			
2. (a)		(b)				
•	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.	10/24/2022 Date of filing/registration in Florida	L22	2000456815 Document number			
5. (a						
	Registered Agent and Registered Office shown on the records of	f the Florida Dept. c	of State			
	336 E. COLLEGE AVE.		de la companie de la			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	SUITE 301					
	TALLAHASSEE	32301				
(h	Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N NEW Registered Office Address:	d Office address:				
	STE 300					
	St. Petersburg	33702	2023			
the chagent was/v the ar	limited liability company is not organized under the lanange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the registered of the registered of the limited list of the limited list.	office and the business office of the registered by, it is hereby confirmed that the change(s) ability company or as otherwise provided in ty company. Jones			
	nature of a member or authorized representative of a member		Printed or typed name of signee,			
provi the of to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provid- rely reflect a change in the registered office address. I ed in writing of this change. David Roberts - Assistan	e performance o ed for in Chapte hereby confirm	of my duties, and I am familiar with and accept			

Signature of Registered Agent