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| (Re | equestor's Name) | | | |
|---|--------------------|---------------------------------------|--|--|
| (Ac | ldress) | | | |
| (Ac | ddress) | | | |
| (Ci | ty/State/Zip/Phone | e #) | | |
| PICK-UP | MAIT | MAIL | | |
| (Bu | usiness Entity Nar | me) | | |
| (Do | ocument Number) | · · · · · · · · · · · · · · · · · · · | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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TALLAHASSEE FIE

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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT | NΩ | 120000000195 |
|---------|------|--------------|
| WCCCOM! | INO. | 1200000001 |

REFERENCE: 993971 7990227

AUTHORIZATION :

COST LIMIT : \$/25.00

ORDER DATE: September 10, 2021

ORDER TIME : 4:21 PM

ORDER NO. : 993971-048

CUSTOMER NO: 7990227

CHANGE OF AGENT

NAME: GRAVIE AGENCY LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:



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: GRAVIE AGENC | Y LLC | | |
|---|--|--|--|---|
| 2. (a) | | 4 | (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) |
| | 10 S. 5TH STREET, SUITE 650 | | 10 S. 5TI | H STREET, SUITE 650 |
| | MINNEAPOLIS, MN 55402 | | MINNEA | POLIS, MN 55402 |
| | 04/25/2014 | | M1400000 | 02944 |
| 3. | Date of filing/registration in Florida | 4. | · · · | Document number |
| 5. (a) | | | | · |
| <i>5.</i> (u) | Registered Agent and Registered Office shown on the records of t | he Flori | la Dept. of Sta | e: |
| | Registered Office Address (MUST BE FLORIDA STREET A | DDRES | <u>(S)</u> | _ |
| | 1200 SOUTH PINE ISLAND ROAD | | | |
| | PLANTATION, FL. | 33324 | | - E |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company NEW Registered Office Address: | Office a | ddress: | TARY SEE. FL |
| | 1201 Hays Street | | | 77 3 |
| change agent w was/we | | 32301 s of the register bility c | e State of Flored office an ompany, it inted liabilit | d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in |
| ine arti | Clesses organization of the v | | • | orized Person |
| Signat | ure of a member or authorized representative of a member | | | Printed or typed name of signee |
| provisie the obli to mere notifica | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete programs of my position as registered agent as provided by reflect a change in the registered office address. I have a confident of this change. | ve to ac perforn for in ereby c | t in this cap tance of my Chapter 603 onfirm that | acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been |